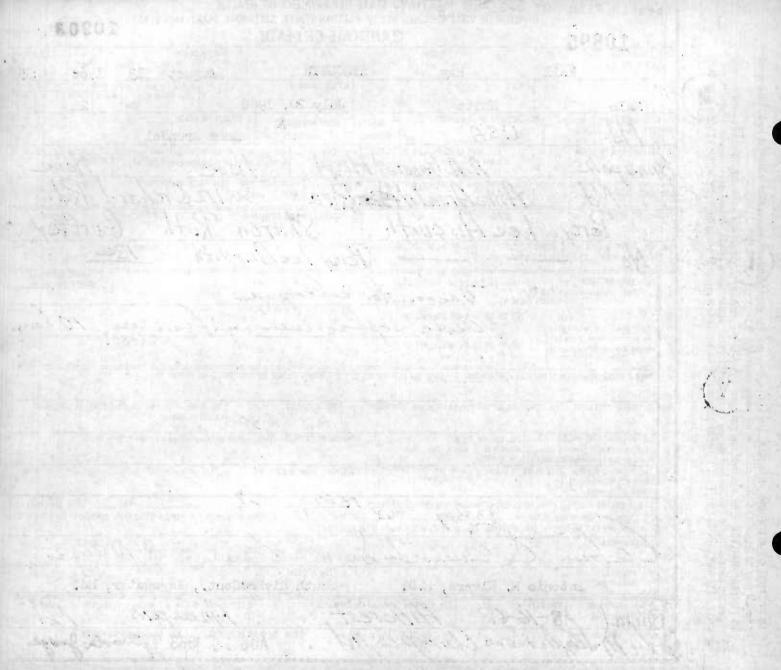
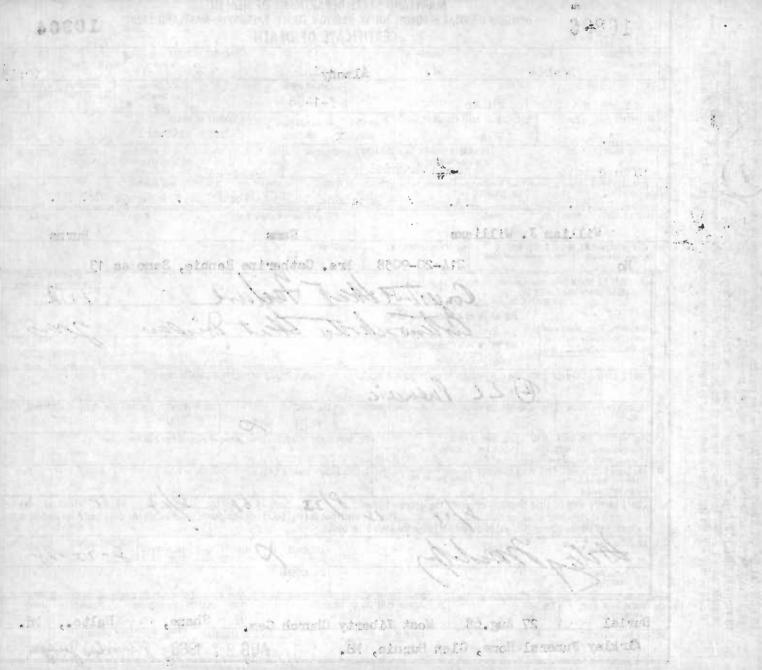
Waller To the	It	em 18 Film 40	3 8-23-68 MARYLA	ND STATE DEPARTMENT	DAITIMODE MADVIAND 21201	
		10895	DIVIDION OF THAL RECORDS	CERTIFICATE OF DEA		10903
4 -24		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR P
dea		Type or print) Neil	Ray	AISQUITH	August 13	1968 8:15 M
# 27 m	3. SI	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR
Si taba	70	Male BIRTHPLACE Istate or foreign	White 7b. CITIZEN OF WHAT COUNTRY?	July 20,		24
24 hou d in b pers.		ntry)	USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		Md.
within 2 sly fille oon pa	1	MAZPOIS	give effect address of	eral Hospt. du	o. USUAL OCCUPATION (Kind of work done ring may be working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRYONE
be executed within 24 hours after death and campletely filled in by the funeral eremave carban papers. Pages Y and 2 in any event, within 72 hooks after death	13o. odm	USUAL RESIDENCE (Where deceose ission) STATE	d lived, Minstitution: Residence before	132 CITY OR TOWN 13d. INSI	DE CITY LIMITS? 13e. STREET AND NUMBER 1/2 CICA 31	d Rd.
be exe	14.	FATHER'S NAME PERCY	Lee Alsour	The ris. MOTHER'S MANDER IN	NAME First Ruth Middle	Priffey
trificate by the physician of please ival, and		WAS DECEASED EVER IN U.S. ARMI 'es, no set unknown) (If yes give wo	D FORCES? r or dates of service)	YNO. HINFORMANT Lee	Alspuith Address/3	re
e death ee attending sermit. The		PART I. DEATH WAS CAUSED	one cause per line far (o), (b), and (i BY: E CAUSE (a)	ita ellap	see Lin Bets	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The law requires that the attending physician. has been signed by the se as the burial-transit physician to burial, cremati		rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O		Strey SE OR CONDITION GIVEN IN PART I(a)	0
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital ar attending physici D FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached for use as the burial-shauld be filed with the State Dept. of Health priar ta burial,	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS I		NO 206. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
YSICIAN: 1 aspital ar certificate hed for us	DICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Doy Yeo	or 19	(Enter noture of injury in Part 1 or Port 2, It	em 18.)
S PHYSICIAI the haspital this certifical detached for e Dept. af H	W	While Not while at work		FACTORY.) 21f. LOCATION Street or R.	- 5	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar atte TO FUNERAL DIRECTOR: After this certificate has director, page 3 shauld be detached for use a shauld be filed with the State Dept. af Health pr		22a. I certify that (I) (this saw the deceased all causes stated abave.	s haspital) attended the decea ive an	sed from	, 19 , ta , 19 , 19 , 19 , or) apinian death accurred an the dat	e and haur and fram the
OR ATTENI be retained birECTOR: A ge 3 should		226. SIGNATURE	& Eruce	ATTENDING PHYS.	MED. STAFF 22c. D	AJE SIGNED
O HOSPITAL OR Page 4 may be ra O FUNERAL DIRE director, page 3 shauld be filed w			lo M. Rivera, M.D		ivMedCent., Edgewater	
TO HO Page TO FUI	1	1011101	ATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) A (State)
VR A15 (4) 30M REV. (1/68)	10	FUNDRAL DIRECTOR Taylor	tous Unnight	Salis, Md. 250. DATE	AIIG 1 9 1968 7000	wies Judge

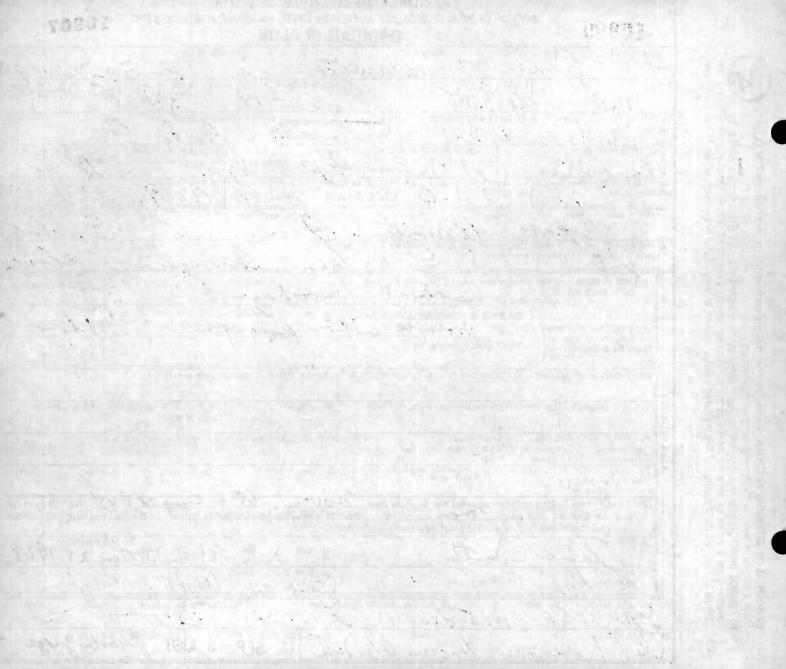




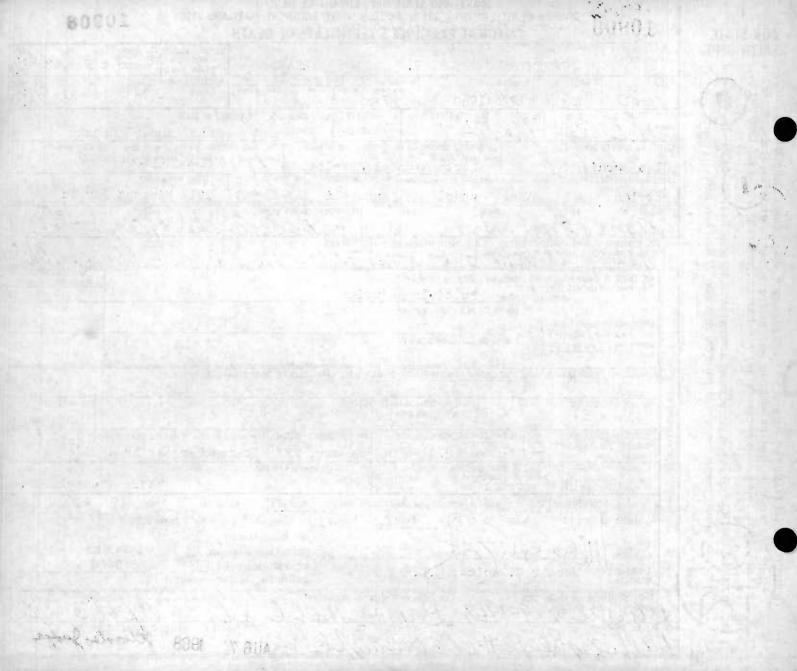
,	1		MARYLAND STATE DEPARTMENT OF HEALTH
11	16		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10905
D			10897 CERTIFICATE OF DEATH
7 ,	1	_	CERTIFICATE OF DEATH
1/€	d 2 uth.	1. D	CEASED-NAME Lost 20. DATE OF DEATH You or prints William Lost 20. HOUR
death	- 0 e	,	Type or print Milliam Lames Anderson August Dox Years 5AM
	PA in	3. S	S. DATE OF BIRTH O. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
aft.	E 6		I lost highday) Manthe May Holles Min
2	386		7.6 INS.
90	9 .00		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 haurs after	n and completely filled in b se remave carban papers. d in any event, within 72 ho	(00	"LAUREL Delo USA WIDOWED DIVORCED HUME AYOU'DE Md.
n 2	lled in	10.	TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
達	生量を	C	A l give street oddress) Iduring most of working life, even if refired.) INDUSTRY
executed within	rbd v,	12.	Churchton Mal - News Editor Voice of Hurk.
pa	nple ca	odm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ission) STATE 13b. COUNTY 13b. COUNTY 13c. NO 1
Ē	ev ev		13b. COUNTY A A CHUVELTOY YES NO
e X	d c	14.	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
	no au	12	Valter James Anderson Truitt/ Gladys Bertly Truitt Anderson
(p)	ysician oplease	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT
	ple p		(es, no, orunknown) (If yes give wor or dates of service)
	by the attending physician transit permit. Then please crematian, ar remaval, and		VES 1949-1951 131/6/7/7 721/5/00/9/195
	E L		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) gnd (c).)
requires that the death g physician.			PART I. DEATH WAS CAUSED BY:
dec	attendi permit. ian, ar r		IMMEDIATE CAUSE (o)
e e	pe pe		DUE TO, OR AS A CONSEQUENCE OF
=	the sit p natio		conditions, if only, which gove (b) arteries alerote lear series 1 years
though the	by rran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
es	signed by the burial-transit burial, crema'		last. (c)
hys	signed burial- burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
red 3 P	is d		
ain	s the iar ta	NO	T + CT
e lo	V DO V	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
를 를 를 들	수 왕도 /	E	YES NO CAUSES OF DEATH?
ä ö	ficate for u		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
₹ p		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
PHYSICIAN: e haspital ar		MED	If either, notify medical examiner P.M. 19
E E	ifter this ce be detache State Dept.		While Not while OFFICE BUILDING, ETC
the the	de de de		OI WORK OI WORK
ATTENDING etained by th	After I be d s State		22a. I certify that (I) (this haspital) attended the deceased from 1961, ta 000, ta 1960, that (I) (we) last
N P	<		saw the deceased alive an
E	should ith the		causes stafed abave, (I) (we) (did) (did not) view the bady after death.
Tet A	ECTOR: / 3 should with the		226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician.			Melard Touth DEGREE ATTENDING DIRECTOR DIRECTOR PHYS. DIRECTOR DIR
			22d. PHYSICIAN'S / 22e. ADDRESS / A2 /
10 HOSPITAL Page 4 may	director, page should be filed		NAME (Type) Williard F. Swith Mady. side, Mid.
005	director, I should be	220	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
age age	Jire Sho	230	BURIAL, CREMATION, 230. DATE 230. NAME OF CEMETERS OR CREMATION (CITY OF TOWN) (COUNTY) (STOTE)
2-	2	7	BUYLAT HUGIS 1768 CON CIN GARSUILE 1717 100
	VR A15 (4)	24.	FUNERAL DIRECTOR 250. REGISTRAR 19 256. REGISTRAR 19 256. REGISTRAR 19 256. REGISTRAR 25 SIGNATURE
	30M REV. 128	1:	Sevud va Havaesig hidles will be

2.9 Common Throughton COVUNNY HEND DISHON School of March Distances & Stevels? the fear when the work of the court

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10907 10899 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR 72 haurs after death (Type or print) Penels 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MONTHS HOURS YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TI NEVER MARRIED (duntry) 12b. KIND OF BUSINESS OR INDUSTRY within 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital letely fill during most of working life even if retired.) give street address remave carbon crematian, ar remaval, and in any event, 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN requires that the death certificate be executed odmission) STATE 13b. COUNTY SEVERNA 14. FATHER'S NAME Middle IS. MOTHER'S MANDEN NAME (First Middle Last physician a 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove) burial-transit rise to immediate cause (a), DUE TO, ORVAS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause signed h burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar to 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? YES NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from Novel saw the deceased glive an 1960, and that in (my) 1965 to _1968_, and that in (my) (our) opinion death occurred an the date and hour and from the saw the deceased alive an_ director, page 3 shauld should be filed with the couses stoted obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230. BURIAY, CREMATION, REMOVAL (Specify) 23d. LOCATION (Sity or Joyn 23b. DATE 23c. NAME OF CEMETERY OR EREMAJORY (County (State) OUDON Mich 25a. REC'D BY REGISTRAR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10908 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20 DATE KNOWN Month Doy (Type or Print) August 5 Page BEANS BERTTINA V. DEATH MATED 30 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Month 12/6/1940 female. 27 YRS negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1 WIDOWED [DIVORCED [Anne Arundel County 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street odd(ess) North Arundel Hospital INDUSTRY Glen Burnie 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Anne Arundel YES NO X 1917 Vincent Street Annapolis 24 haurs after in Item 14. EATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME pages haurs **ADDRESS** in pencil (Yes, mg, or unknown) within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE (AUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) driver 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor. PRIMARY OR CONTRIBUTING 19 68 of car, WXX hit another car broadside CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.)
Street FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Anne Arundel, Md. 22a. I certify that I taak charge of the remains described above, held an AutopsyXX, Inquiry , Inspection and in my opinion death resulted fram: Natural causes Accident X Homicide Suicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 8/6/68 DEPUTY MEDICAL EXAMINER Spitz, M.D Werner Health ADDRESS(Street, city, town, or county) NAME (Type) 50 BURIAL, CREMATION, VR A15ME (5), 10M REV 1/68



TOOM DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10909 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR (Type or Print) deloy and 3 to Poge VINCENT ESTI-Belt of DEATH MATED 4 RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH WIDOWED DIVORCED [Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER deoth. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. and 2 with odmission) STATE 13b. COUNTY 00 Office al YES 🔽 ofter 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First BELT WASHINGTON HARRIET . Examiner's poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no, or unknown) 318-11th St. NE (If yes give war or dates of service) IDLA BELT-WIFE within APPROXIMATE INTERVAL executed 1B. CAUSE OF DEATH (Enter only one couse per line tor- of, (b), and (c). permit. should be forwarded to the Chief Medical ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit pe Conditions, if ony, which gove rise to immediate couse (o), the word ony should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) certificote 0 removal. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗌 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that Look charge of the remains described obave, held an Autopsy ... Inspection | Inquiry / ond in my opinion death resulted from Natural causes Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER moy **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) SO I 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR VR A15ME (5 10M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH

10803 M. Carlon St. 2311.60 Deporture Steindel gas MENNING RECEIVED Same Same and the same of the same of the Tighthu zaletable --The state of the s Basi Williams A CHILD STATE OF THE STATE OF T

BIROL THOM SOLDER STUDENT THE PROPERTY OF SOLDER BODIA ASSESSMENT STRUKE ASSESSMENT

1	10903 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20911	
eg ag ag	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH AUGUST Month 20 Day 1968 Year	6:30 M
ithin 72 hours after o		F UNDER 24 HRS. Häurs Min
7 0011 7/	a. BIRTHPLACE (State or foreign ountry) Maryland 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH Anne Arundel	Md.
2/	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most None life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most None life, even if retired.) 12b. KIND OF BLOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most None life, even if retired.)	JSINESS OR
020	In the state of th	
1	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Raymond William Boschert Donna Ruth Cummins	
1	6d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, oc unknown) NO 16b. SOCIAL SECURITY NO. N/A 17. INFORMANT Raymond W.Boschert, 1306 Darwin St,	02920
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBARACHNOID AND SUBDURAL HEMORRHAGE NEWBOI	T AND DEATH
	Canditions, if any, which gave is to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF LACERATED SAGITAL SINUS (b)	
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
/	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT CAUSES OF DEATH? Yes 12a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 tem 18.)	TIFYING
	G CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year P.M. 19	
	While Nat while OFFICE BUILDING, FTC.	State
	22a. I certify that (this haspital) attended the deceased from 18 Aug., 19 68, to 20 Aug., 19 68, that as saw the deceased alive an 20 Aug., 1968, and that in (my) (aur) apinian death accurred an the date and haur an causes stated abave, (t) (we) (did) (did) (did) (view the bady after death.	t) (we) last nd fram the
	22b. SIGNATURE ATTENDING ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED 20 Aug 196	
1	22d. PHYSICIAN'S NAME (Type) JOSEPH H. WEARN, MAJOR, MC 22e. ADDRESS U.S. KIMBROUGH ARMY HOSP, FT MEADE, M	D
	30. BURIAL, CREMATION, REMOVAL (Specify) 23b DATE CLUB 22, 1468 OLD HADY OF THE PIELD CEM - MILLERSVILLE, (County)	(State)
0	A FUNERAL DIRECTOR ADDRESS FAUREZ DATE DATE DATE	gr.

AA A

DEDADTMENT OF UE

11807 (1000)					
in the contract				CIVE	
	6. A. h.				*
e actodes.				.]	Aste Spiral
Take the first own our		nest graa her	:50000.0.5	65.10	
10 - N 3 0 C		reicheen 1	tet grant		Terminal States
enictud (1972) Ekinometi	(m) 10.				
્રા મામા છે. દેવનું મ	anough M. Bouche	omiek i	Art		6.7
NUMBER OF THE ROOM		erie parez			
	35	ITS JAKENIU	(.		
					ś
	10 m 3cm				
R BS LEAST STANDARD THE STANDARD STANDARD		CONTRACTOR SECTION		i.	
1881 500 00 00				in the	A
(or for said, the	J		k.ii muba	
			X - X 75 M - S		

VR A15ME (5) 10M REV. 1/68

0

23a. BURIAL, CREMATION

23b. DATE

23d. LOCATION (City or Town)

NAME OF CEMETERY OR CREMATORY

Year

2b. HOUR

2d. HOUR

NO DE

State

(State)

YES 🗀

(County)

10212 THE RESIDENCE OF STREET, AND THE PROPERTY OF STREET, AND THE S Med York Mills See B Southern South The Total Best To May They yes not not opposed the Form to Bush last Jamelo 13

THE STREET OF STREET STREET STREET recer 100 Lin yesasi oyur aboo a salah wasan salah salah Toward Manual Control of the Control MANUAL PROPERTY OF THE STATE OF

		THE CHANGE WORKS	
The state of the s			
			and med
	Plate - Selection	the Manneth Miles	
	SERVICE SERVICES	.00.	
STATE .			3-4-G-G
AND THE RESERVE OF THE PARTY OF			
	erre - file fermions .s.	A CONTRACTOR OF THE	
	THE REPORT OF THE PARTY OF THE	Long gold.	

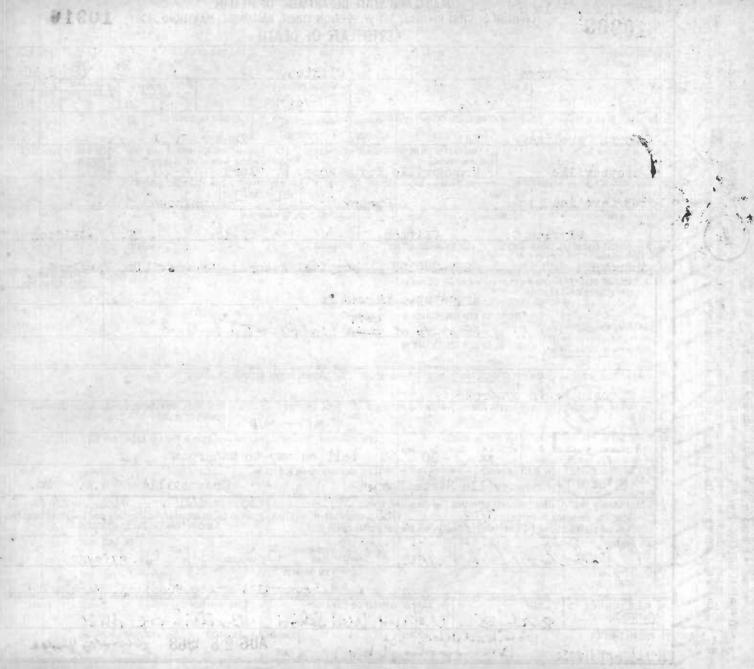
MAKTLA DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS 10907 .

	PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Res	idence bafore admission
	Maryland Maryland	in state b. County	rundel
-	B. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end of	iva naarast town)
	write RURAL and give nearest town)	Louisel	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
7	De Constitution (in not in mospite), give street eddress)	d. Siktti Abbkt33	ON A FARM?
/	D.C. quenon cencer		YES NO
	NAME OF DECEASED / First Middle	Last / 4. DATE / Month	Day Year
71	(Type or print) ALTVED 2 (2)	mpbeth DEATH (suguest)	1 19 6 8
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	4= =	
	Femal Negro WIDOWED DIVORCED	2 - 15 - 5 7 last birthday) Months De	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZI	en of what country?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-1
	Descessed	Glady 15-17 Con	gress of.
	S. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	INFORMANT Address	lite Do
	No	J. E. PU EM	ungun, pe.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (d.)	,	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	neummu	ONSET AND DEATH
	IMMEDIATE CAUSE (a) 13/10/00/00/00/00/00/00/00/00/00/00/00/00/	# 11	
	DUE TO Mental Ce	lardilin	
	Conditions, if any, which gave rise to immediate cause	D	
	(a), stating the underlying DUE TO Multiple	e fesourer	
	causa last. (c)	<u> </u>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
4			YES NO
	▼ OR CONTRIBUTING □ CAUSE OF DEATH	. (Entar natura of injury in Part I or Port II of itam 18.)	
			10.13
		CE OF INJURY (Homa, farm, '20f. (City or town) (County orry, streat, office bldg., atc.)	r) (State)
	21. I certify that (I) (this hospital) attended the deceased from.	10-9 1959 to 8-17 196	that (I) (we) last
	saw the deceased alive on 8-17 19.62, and that	Α	
	228. SIGNATURE	deally decards and warry, from the education and on the	22b. DATE
	Tralanto II MACO MI).	ATTENDING MED. STAFF PHYS. PHYS. 8	-17-6 SIGNED
1	226. PHYSICIAN'S NAME (Type) ROLANDO V. GOCO, M. C	D.C. Children Center	Laurel, Mc
	130. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 8-21-68 Children	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	4 FUNERAL DIBECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	WATU Quedal
	Do Witt Donaldson Lynn	MATE AUG 2 6 1968 1968	and and
Q L	-2 and record	7 John Tonic	

AUS 2 6 1863 POLICE & Judge

3120

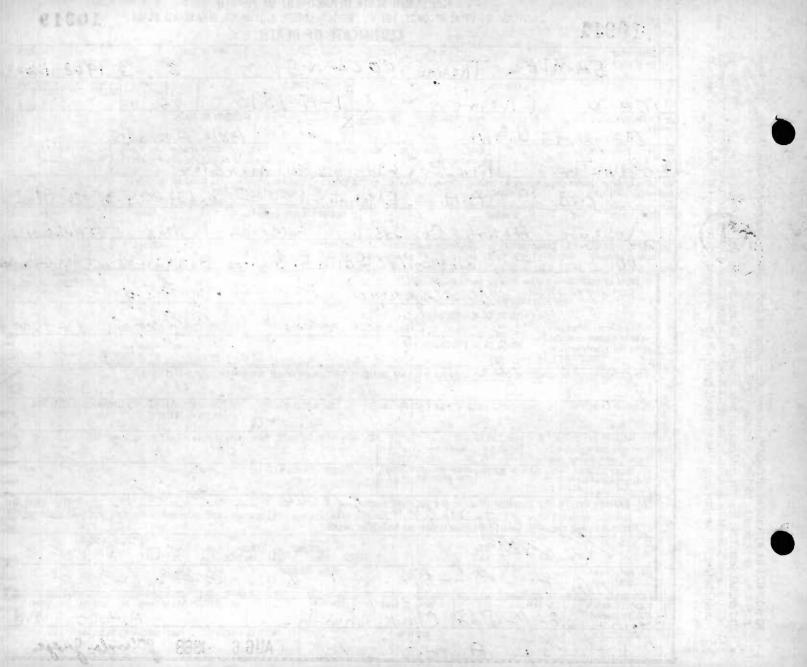
	TOC	10908	DIVISI	ON OF VI	TAL RECORDS	, 301 W. P	CATE OF	REET, BALTII	MORE, MAI	RYLAND 21201	1091	6
		CEASED-NAME ype or print)	First		Middle		Lost		2o. DATE OF		ov Yaar	2b. HOUR
		G	eorge				Clifto			Month D	12 68	2 10a
	3. SE)	(4. RA	CE			S. DATE OF BII	RTH		6. AGE (In years lost birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
L		Male		Whit	е		3/2	31/98		70 YRS		HOURS MIN
		IRTHPLACE (Stote or foreign	7b. CITIZ	EN OF WHAT	COUNTRY?	8. MARRIED	NEVER MAR	RIED S	. COUNTY OF	DEATH		
	coun	North Carc	lina	USA		WIDOWED			Anne A	rundel		M
	10. CI	TY OR TOWN OF DEATH		11. NAME	OF HOSPITAL OR IN	NSTITUTION (If r	not in hospitol	12o. USUAL	OCCUPATION	(Kind of work done		F BUSINESS OR
5		Crownsvill	e	give stre	et oddress) ownsvill	e Stat	e Hosp.	during mo	st of working erk	life, even if retired.	INDUSTRY	
	30. 1	USUAL RESIDENCE (Where d	leceased lived,	if institution:	: Residence before	13c. CITY OF	R TOWN	13d. INSIDE CITY LIM	NITS? 13e. ST	REET AND NUMBER		
3	No	sion) STATE orth:Carolin	a. 13b. (COUNTY		Durha	m	YES NO		nknown		
)		ATHER'S NAME First		Middle	Lost		S. MOTHER'S MA	AIDEN NAME Fir		Middle		Lost
		v FII	sses G	CE ell	Clift	on			Alice	ф	CJ.	ifton
1		WAS DECEASED EVER IN U.S	. ARMED FORCE	ES? 16	b. SOCIAL SECURITY		INFORMANT			Address		TT COIL
	Ye	es, no, or unknown) (If ye	s give war or dates o		39_28910	18 1	ognitol	Recom	dc C	ownsville	Monaria	hand
İ		18. CAUSE OF DEATH (Ent	ter only one co				ADDI AGT	-Recola	ub, ul	AMIPATITE	APPRD	KIMATE INTERVAL ONSET AND DEATH
		DART I DEATH WAS	ALICED DV		postatic		onie				BEIWEEN	UNSET AND DEATH
		3099			CONSEQUENCE OF		OHILA	-				
		Conditions, if ony, which o		: IU, UK AS A	A CONSEQUENCE OF	E minh	+ h:- /	PICUT	-17			
4		rise to immediate couse	(0).((d) TT	acture of a consequence of	1	e urb (NICHI	/ ,			
4		stoting the underlying colors	Duse		A CONSEQUENCE OF	100						
		PART 2. OTHER SIGNIFICAN	T CONDITIONS	(c)	C TO DEATH BUT I	NOT DELATED T	O TUE TERMINAL	DICEASE OR CO	MIDITION CIVE	N IN DART 1/a)		
						TO RELATED T	O INE TERMINAL	L DISEASE UKCU	MUTHON GIVE	11 11 PAKT 1(0)		
	NO	Chronic b			OPERATION WAS P	CDEODMED	20o. AUTO	DCV2	201 15	YES, WERE FINDINGS	CONCIDENCE IN	CEDTIEVING
7	CERTIFICATION	170. DATE OF OPERATION	190. CONDIIIO	N FUK WHICH	OPERATION WAS P	EKTUKMED				OF DEATH?	CONSIDERED IN	CERTIFIING
	ERT	21o. ACCIDENT WAS UNDE	DI VINC LOU	TIME OF IN	IIIINV	In. II	YES	NO D			14 10.	
		DR CONTRIBUTING TO CAUSE	DE DEATH HO	b. TIME OF IN OUR A.M.	warth Day Yeor	21c. H				ry in Port 1 or Port 2	., Item 18.)	
	ă L	(If either, notify medical e	xominer)	POK:	Month Day Yeo	1900 I	Tell on					
	2	21d. INJURY OCCURRED While The Not while The	21e. PLACE OF	INJURY (AT	HDME, FARM, STREET, FA	ACIDRY,) 21f. L	OCATION Stree	t or R.F.D. No.	,	or Town	County	Stote
		While Not while of work	Crown	SAITTE	e State	Hosp.				nsville	A.A.	Md.
		22o. I certify that (I saw the decease) (this hospi	itol) often	ded the deceos	sed from	12/14	19_6	5_, to_8	/12 , 1	9 <u>68</u> , tho	t (I) (we) lo
		saw the deceos	bove (I) (w	e) (did) (di	id not) view the	hody ofter	a inot in (m)	y) (our) opin	nion death o	occurred on the com natural	causes	r ond from th
		22b. SIGNATURE	20 TO, (1) (W	O) (GIG) (GI) ~2	Doug offer	1)			1 22	c. DATE SIGNED	
		1/10	les 1	1.1	10,11	MOEG	ATTENDIN REE PHYS.	IG ME	ED.	STAFF	8/12/68	
1	1	22d. PHYSICIAN'S	100/1	U.U.	xun	7	22e. ADDI		KECTOR -	rn/s. —	0/12/60	
1		NAME (Type)					100		e Stat	e Hospita	1. Marv	land
1	230	BURIAL CREMATION,	23b. DATE		23€ NAMENOE	CEMETERY OR				ON (City or Town)	(County)	(Stote)
		REMOVAL (Specify)	0 21	168	Cra.	And IA	led Sal	n P		imore	110	(31010)
)	24.	FUNERAL DIRECTOR	75 . 20	Lical	ADORES		ad Jan	2So. RECIDABY	REGISTRAR		S SIGNATURE	
		ILLIAM ROOS	0	Sun	markin	1/1	1	DATE AU	628	1968 XCC	carles &	ndge
1	M/	I LINE IIV.	V V	4 - 4 - 10		1000	1 .	DAIL		77	//	-



MARYLAND STATE DEPARTMENT OF HEALTH

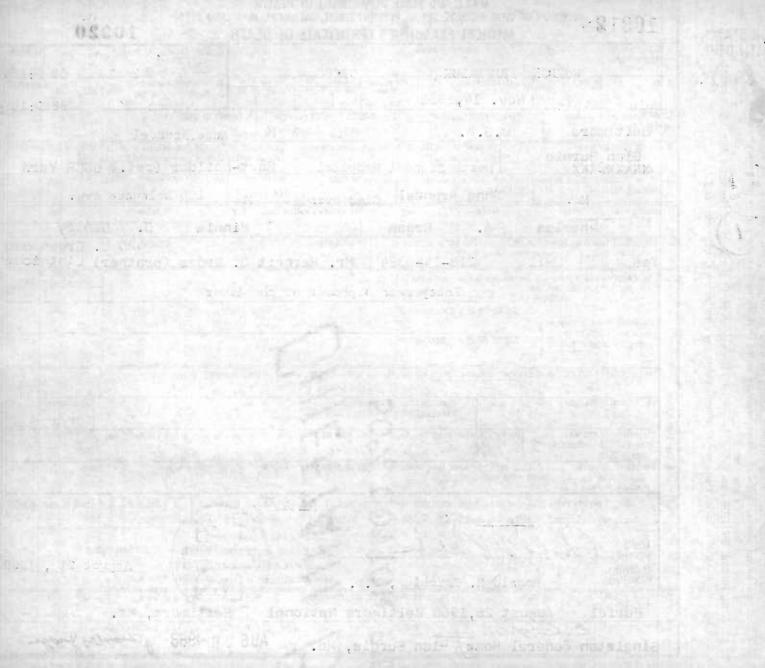
Aicor					
2:1	9.				,
					••
	20152 0316 T	*****			
				2	*
	9 79			. v	
		10	10 x		
ę					
			rainculf unt file		
				pot 1	
			400		X
				and the state of	
	X				+
	, tem : m : m		ا و ساو ساو توا	4 4 4	
S-N	notyd i fa	. Tomesand .	and moderately than	Berl	include:
and the same of the same		LauA de W. D.	troatles. and		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10918 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) Poge DEATH MATED X CLARENCE COLLINS Department delay IF UNDER 1 YEAR IF HNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE flo years 2c. DATE PRONOUNCED DEAD P.M.3. lost birthday) 23 YRS. Awgust DAY7 . Yeor 1968 white male MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT form country) WIDOWED [DIVORCED [Anne Arundel Give Poges the State tem 18. Give Poge Office along with f 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even is retired.) give street oddress) Anne Arundel General Hosp. Annapolis and 2 with 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13bAMMe Arundel Madrissian ATATE 108 Cathedral Street Annapolis YES NO X Middle 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle hours 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, np, or)unknown) AR pen File APPROXIMATE INTERVA .⊑ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if only, which gove rise to immediate couse (o), certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS removol nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES IX NO pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 3 should PRIMARY CAP CONTRIBUTING burial, crematian, hit and run 8/17 19 68 (pedestrian) UNKM CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County State City or Town foctory, office building, etc.) WHILE AT WORK AT WORK Anne Arundel, Md. please execute 22a. I certify that I taak charge of the remains described obove, held on Autapsy X moy be retained for FUNERAL DIRECTOR: Inspection Inquiry ond in my apinian deoth resulted from: Notural causes Accident 1 Suicide Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE pe 8/19/68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 50 BURIAL, CREMATION LOCATION (City or Town) FUNERAL DIRECTOR VR A15ME (5)

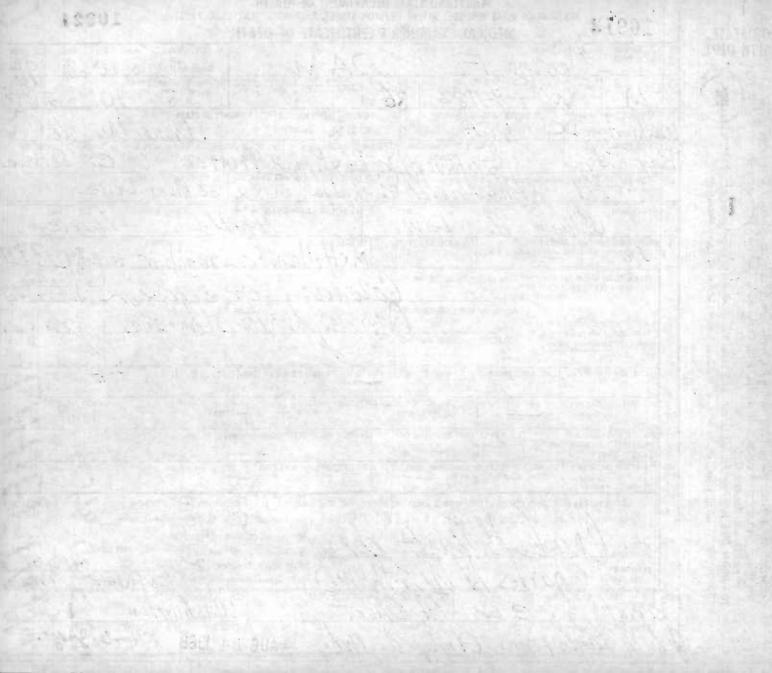


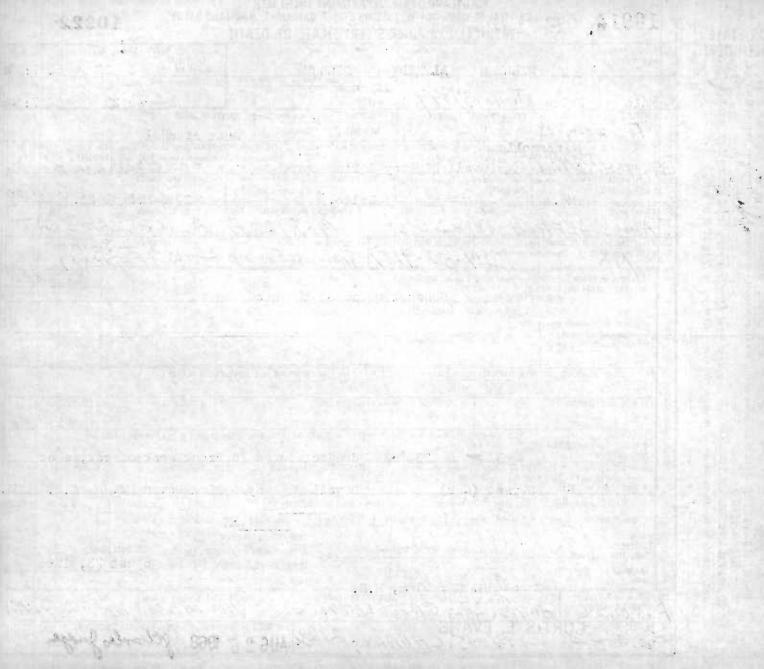
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10920 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN HEALTH DEPT. 1. DECEASED-NAME First Middle Day Manth 2b. HOUR (Type or Print) ESTI-DEATH MATED GORDON FREDERICK CROSS 9.104 deloy and 3 4 RACE IF UNOER 24 HRS. 3 SEX S. DATE OF BIRTH AGE (In years 2r. DATE PRONOUNCED DEAD 2d HOUR pup last birthday) Year Nov. 14,1908 Male White YRS Among with the State Depo 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country U.S.A. DIVORCED X WIDOWED [Item 18. Give Poges Anne Arundel within 24 hours ofter death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Glen Burnie North Arundel Hospital during most of working life, even if retired.)
Boat-builder (ret.) MUKKXXXXXXX olong 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE 100 Delaware Ave. Arundel Office of Glen Burn Middle 14. FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Middle Inst Charles Mannie Dentry Cross D. u. Exammer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS420 Greenwood (Yes, no, or unknown) (If yes give war or dates of service) Mr. Herbert D. Cross (brother) Linthocum Yes 218-14-8324 File APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fatty metamorphosis of the liver IMMEDIATE CAUSE (a)_ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gove rise to immediate cause (a), should word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removol used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES X NO F pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL EXAMINER: cremation, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK pleose execute 22a. I certify that I took charge of the remains described above, held on Autopsy XX Inspection [Inquiry ond in my opinion deoth resulted from: Noturol couses XX Accident Suicide [Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE August 21 5 moy b TO FUNER Heolth DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, or caunty) NAME (Type) Ronald N. Kornblum, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) August 26,1968 Baltimore National Baltimore, Md. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Glen Burnie, Md. Singleton Funeral Home 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



2	1	. MARYLAND STATE DEPARTMENT OF HEALTH	4000
FAD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10921
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. [DECEASED NAME Control of First Middle Lost Lost OF ESTI-	Doy Year 2b. HOUR
loy is 3 to Poge		DEATH MATED \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	106819 9AM
	3. 5		2d. HOUR
PM3.		1 1 4-9-1282 XX YRS.	10 Year 19 68 114 M
	7a.	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIEO NEVER MARRIEO 9. COUNTY OF DEATH	1. 10
death with form with form	The	Ishington D.C. USH WIOOWED DIVORCED - (mmcl)	Runde Md
death e Poges with for	19-	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	
ofter death 8. Give Poges glong with for with the State leath.	15	ay Kidge give, street policess) Dr Bay Kidg during most of warking life, even if retired.)	CIVIL Service
ofter Give		USUAL RESIDENCE Where deceased lived it institution residence before 13r LITY OF LOWN 18 INSTITUTION IN 13R FOUNTY 13R FOUNTY 18 IN 18 INSTITUTION IN 18 INS	h1100
		The Filler Day Maye is now so live of	1100
hours Item 1 I and 2	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First / Middle	// Last
		William H. Daw Heatha	Harvey
		WAS DECEMBED EVER IN U.S. ARMED FORCES? Ves, ng. Synknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	1 grin 2'72
l within n pencil Examine File poge	L	Mr Hollander a nearbor +	El# 192-312
ed in Fi		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E insit permit. F event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) OUMANY OCCUMEN	~ Secondo
be exe "pendi nief Me onsit pe		4/09 DUE TO, OR AS A CONSEQUENCE OF	
"pe "phief onsi		(anditians, if any, which gave rise to immediate cause (a). (b)	Moure
ony		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	1
should be one word "pe on the Chief on the Chief buriol-tronsit I in ony ever		last. (c)	
is certificate shape, writing the forworded to the used os o bur removal, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifico ting rrde os os	z	4201	
is certificate te, writing the forwarded to used as a femoval, and	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	CERTIFICATION	WAS PERFORMEO?	YES NO
# 2 2 0	T CE	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	Item 18.)
KAMINER: T te the certificates to the should by your files. age 3 should cremotion, or	MEDICAL	CAUSE OF DEATH P.M. 19	
3 4 5 6	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Tawn	County Stote
EXAMINER: ute the cert oge 4 shoul your files. Page 3 shou		WHILE AT WORK AT WORK factory, affice building, etc.)	
DEPUTY DICAL EXAM ressary, please execute the function of director. Page may be retained for your FUNERAL DIRECTOR. Page salth prior to burial, cren		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry	ond in my opinion
Ed e e e e e e e e e e e e e e e e e e e		deoth resulted from: Natural Chuses D., Accident . Suicide . Homicide . Undetermined monnel	
pleose ey reformed DIRECTOR		CHIEF MEDICAL EXAMINER	
y, ple erol dii be reto RAL Di prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DAT	TE SIGNED
PUTY Sary, Junero JERA P pr		EXAMINER'S OFPUTY MEDICAL EXAMINER	8/10/68
TO DEPUTY The functo S may be TO FUNERAL Health pri	L	NAME (Type) () as les / - /// m/h / M/) ADDRESS(Street, city, tawn, ar caunty) Loth;	ian md
5 = 2 = 4	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETRY OR CREMATORY 23d, LOCATION (City or Town)	(County) (State)
		SUTIAL 8-13-68 14. Clivet Washington	PC.
	174.	FLUTERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR 250. REGISTRAR	S SIGNATURE
VR A15ME (5) 10M REV. 1/68	1	in M. Laylor Hons amapolis, Met. DATEAUG 14 1968 Julia	Land Son
0	/		





2001				
488 '×	-Sil " .gu/	позисон	nd tot	påntoo .
	7	56/6/9		×
	Zobania wasa			at styring
	Pineliani dales	- 1200 and 1	somuch ands:	Annapplis .
•	- e	, <u>£</u> ,	Emura sund	υ ·
A Park	AMERICAN STREET			
5.55	in the standard	Marky and the	ero localo.	
	1 93/00 as	An andough a	17/38/71/8	
		200 MIN		
s .ai/age	on related mean, and	talan da .	n. Rooter, n. t	evene El
			Last Court	
	4			

% MN

95501 Estatement (10559)		2:20
	• • • • • • • • • • • • • • • • • • • •	
		100
• mal		0.00 .0 0.00
496 - 181 - 18	Electric design and the second state of the se	
, e		
		વૉ
CALL SET TO PERFORM THE SET		
	e de la company	

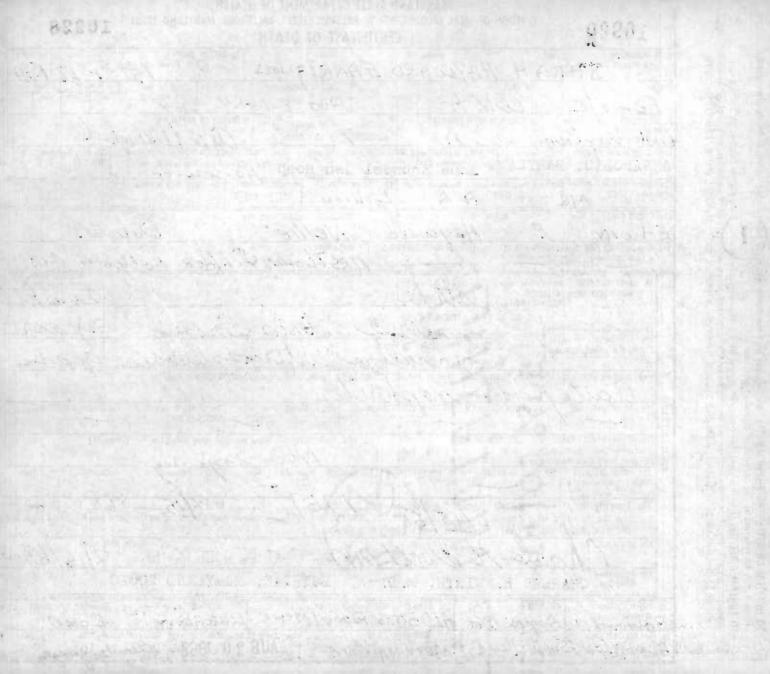
-

2	1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
1			10917 CERTIFICATE OF DEATH	10925	
	funeral and 2	1. D	DECEASED-NAME First VS C. FICHMAN 2a. DATE OF DEATH Month Carry 1	7 1968 10301	1
	af sees	3. SI	MAKE White 8-4-81 lost hirthogy) YRS. W	IP VNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI	
•	physician. physician. signed by the ottending physician and completely filled in by the burial-transit permit. Then please remove corbon papers. Paburial, cremation, or removal, and in any event, within 72 hours	.cau	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED		Md.
	Hip Popper	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during processor) warking life, even if stired.)	12b. KIND OF BUSINESS OR INDUSTRY	_
	pletely corbon ent, with	130.	1. USUAL RESIDENCE TWhere deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY TIMILS? 13e. STREET AND NUMBER	600	_
	ond completely remove corbon in any event, with	adm	nissian) STATE md 13b. COUNTY A -A. Brueld YES NO DA 1 Bry	0 195	
	be ex n ond se rem d in an	14.	J. Charles Echnon Rotam	> Last	
	physicion of perion of please lovol, and it	16a	a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar which was) (If yes give war or dates at sancie) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address	ch-alve	2
	he death cer ottending p permit. The ion, or remo		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c), PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
	otten		DUE TO, OR AS A CONSEQUENCE OF	1 -41	_
	equires that the physician. signed by the control purity the control purity purity purity purity crematic		Canditians, if any, which gave rise to immediate cause (a), b)	6 month	-
	res the sician red be in the contract of the c		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF (c)		
	v requi	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
	The law rotending hos been se as the th prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONCAUSES OF DEATH?	ISIDERED IN CERTIFYING	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon poshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	MEDICAL CER		m 18.)	
	G PHYSIC the hospi this certi detoched e Dept. of	ME	While Nat while Office Building, FTC.	Caunty State	
	by the Affer be d State		22a. I certify that (I) (this haspital) attended the deceased from	, that (I) (we) lo	ast
	TTEN ained OR: / nould h the		causes stated above, (i) (we) (and fail fail view hie bady offer death.		-
	OR A be reft be reft black. DIRECT 3 st ded with		Chay m In the DEGREE PHYS. DEGR	ATE SIGNED 1968	
	FRAL Documents of the fill	1	22d. PHYSICIAN'S NAME (Type) RRY M. SMITH 22e. ADDRESS PLYERA	18 Hoph	-
	Poge 2 O FUN direct shoul	23a	a. BURIAL, CREMATION, 23b. DATE 23c. MATME OF CEMETERY OR CREMATORY 23d. LOCATION (City OF Town)	(County) (State)	
	VR A15 (4) 30M REV. 136R	24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE JONAGES	
	VI	4	The state of the s		=

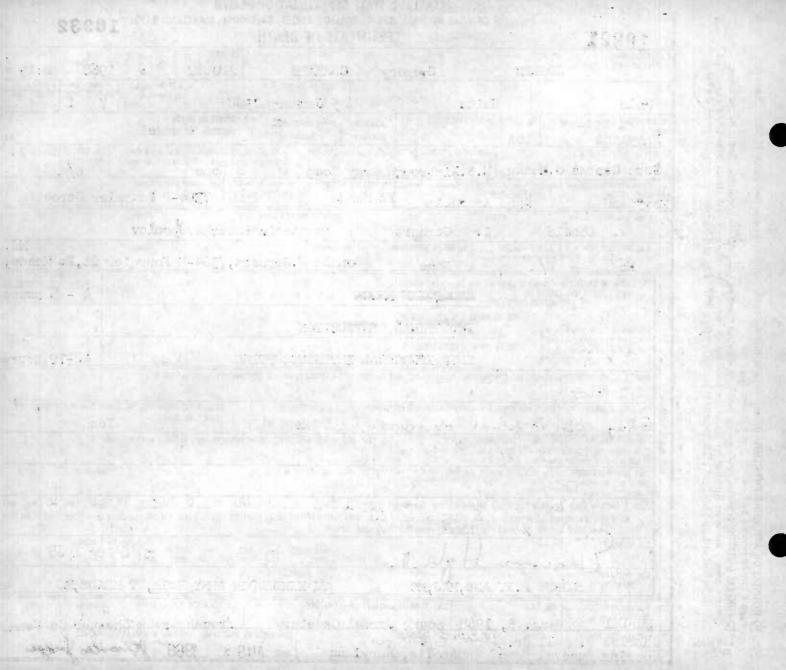
AND SUPPLY SERVICE A TRACTION OF A PARTY MATERIAL OF #8301 Commenced to the state of the second second

/ 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10926
3		10918 CERTIFICATE OF DEATH
r deoth. uneral l ond 2 sr deoth.	1. D	CEASED-NAME Pirst Elsworth ESTELL 2a. DATE OF DEATH Pay 12 Year 8 30 M
s after deoth the funeral does 1 ond 2	3. SI	S. DATE OF BIRTH 4. RACE 4. RACE 5. DATE OF BIRTH 4. RACE 6. AGE (In years If UNDER 24 HRS. HOURS MIN. 4. RACE 7. RACE 7. RACE 8. AGE (In years If UNDER 24 HRS. HOURS MIN. 9. YRS. MONTHS DAYS HOURS MIN. 9. YRS. HOURS MIN. 9. RACE
		BIRTHPHACE (State or Foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED Md. S.A., WIDOWED DIVORCED Md.
		TY OR TOWN OF DEATH IL NAME OF HOSPITALOR INSTITUTION (If not in hospital 220 USUAL OCCUPATION (Kind of work done) 12b. KIND OF BUSINESS QR, OWN SVILLE TOURS VILLE OWN SVILLE
e executed within and completely fill remove corbon in any event, within any event, within any event, within the second s	13a. adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UNITS 13e. STREET AND NUMBER 13b. COUNTY DITHER OF THE O
be execute n and comp se remove d in any eve	14.	ATHER'S NAME First Middle ESTELLS IS. MOTHER'S MAIDEN NAME First Middle LONG
errificate b physicion en please oval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT RECEIVED Address for service) 17 INFORMANT RECEIVED TO TOWNS VILLE FOR ADDRESS FOR
e deoth contending sermit. The on, or rem		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a). Out to out to out the consequence of the
The law requires that the ottending physician. has been signed by the se as the buriol-transit in prior to buriol, cremating the series of the buriol, cremating the series of the buriol, cremating the series of t		stating the underlying couse DUE TO, GRAS A CONSEQUENCE OF IN SYNDROME QUE TO AFTEROSCIEVASIA (c) NONCE OF IN SYNDROME QUE TO AFTEROSCIEVASIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OPPONDITION GIVEN UN PART 1(0)
The law required ottending phos been since os the bunder of the prior to but	TION	1) 12 hetes Mettrus; Dileteral Ampulation (Old.) 190. Date Of Operation 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED LAY CERTIFYING
i: The large of the hose of th	CERTIFICATION	1963 DISDETES; AFTENSELETOSS YES NO DE CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
PHYSICIAN he hospital this certifica letached for	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
VG PHYSIC / the hospin er this certi e detached ote Dept. of		21d. INJURY OCCURRED While Not while at work 22a. I certify that (I) (this haspital) attended—the deceased from 12d, 19 8, ta 8/15, 19 8, that (I) (we) last
ATTENDING PHYSICIAN: etoined by the hospital or CTOR: After this certificate should be detached for urith the Stote Dept. of Heal		saw the deceased alive on 19 0 and that in (my) (our) opinion death occurred on the dote and hour and from the causes stated abaye (1) (we) (did) (did not) view the bady after death.
OR ATTENI be retoined DIRECTOR: A ge 3 should led with the		226. SIGNATURE ATTENDING MED. DIRECTOR STAFF D 22c. DATE SIGNED 8
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapoge 4 may be retoined by the hospital or ottending to FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to		22d. PHYSICIAN'S NAME (Type) Light M HEARY MOPP MD 22e, ARDRESS ONLYSVILLE STOTE HOSPITEL Md.
TO HO Poge direct should be should b		BURIAL, CREMATION, 23b. DATE County) 23c. NAME OF/CEMETERY OR CREMATORY REMOVAL (Specify) 8/30/68 23c. NAME OF/CEMETERY OR CREMATORY Cedar Hill Cemetery Ritchie Highway A. A. Co. Md
VR A15(4) 30M REV, 1/68	24.	mecuelly Fife 237 Patapsco Ave. 21 226 DATE AUG 3 0 1968 general Sugges

72231 complete for the same 110/ 11/62 30 100 11/61



- Comments	1	tem7a FilmG406	11/12/68 KKMARYLAN	D STATE DEPARTMENT OF	HEALTH	
		10921	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALLERTIFICATE OF DEATH	IIMORE, MARILAND ZIZUI	10932
- 2 -	1.	DECEASED-NAME First		Lost	2a. DATE OF DEATH	2b. HOUR
See at		(Type ar print) - JOS	SEPH Grego	ry GERHART		1968 8:15 M
5 (\$-166)	3. :	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
a de de de		Male	White	5 January	L968 lost birthdoy) YRS.	MONTHS DAYS HOURS MIN.
haurs n by s. Po	70.	BIRTHPLACE (Stote or foreign untry) Germany Mayry/Leynd	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers		Me/by/Le/nd	USA	WIDOWED DIVORCED	Anne Arundel	Md.
vithin 24 h		CITY OR TOWN OF DEATH Fort George G.A	Meade 11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospitol 120. USI during r	JAL OCCUPATION (Kind of work done nost of working life, even if retired.) None	12b. KIND OF BUSINESS OR INDUSTRY
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e. 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Papers and ed with the State Dept. af Health priar to burial, cremation, of Temoval, and in any event, within 72 haurs after death.	13c	o. USUAL RESIDENCE (Where decea missian) STATE Arvland	ised lived, if institution: Residence before 13b. COUNTY Anne Arundel	13c. CITY OR TOWN 13d. INSIDE CITY		
rxecu mov mov	_	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Lost
be ex and e rem in an		Donald	J. Gerhart		Paraskevopoulov	No.
r certificate be physician a Then please	16	a. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY I	10. 17. INFORMANT	Address	Md.
rific physical, val,		Yes, na, or unknawn) (If yes give N	Mar or dates of service) A None	Donald J.Gerha	ert,7304-D Fournie	
9 ===		18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to de the		PART I. DEATH WAS CAUSE IMMEDI	ED BY: LATE CAUSE (a) ENDOTOXIN	SHOCK		4 - 8 hours
the attendary permit permit and individual		5609	DUE TO, OR AS A CONSEQUENCE OF	ODGMDHAMTON		
at the nsit mat		Conditions, if any, which gave rise to immediate cause (a),	(b)	OBSTRUCTION		
equires that the death cer physician. signed by the aperding is burial-transit permit. The burial, cremation, or rem		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF (c) ILEO ILEOC	ECAL INTUSSUSCEPT	LOM	48-72 hours
hysi gne urial			ONDITIONS CONTRIBUTING TO DEATH BUT NO			1 40-12 110011 5
req ng p en si ne b	-	Infancy			(4)	
law Indir bee is th	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The atte	/ Jail	6 Aug 68 1	intestinal obstruct	TO YES THE NO	CAUSES OF DEATH?	Yes
I ar lar under leal				21 c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2,	Item 18.)
pito pito ad fi	MEDICAL	(If either, natify medical exomi	iner) P.M.			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cre-	2	While Nat while at wark	P. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	and the state of t		County State
by the free be constant		22o. I certify that (\$\frac{1}{2}\$ (th	nis hospital) attended the decease	ed from 5 Aug , 19	68, to 6 Aug , 19	68, that (we) lost
R: A Uld the		sow the deceased of	olive on 6 Aug 1 re, (1) (we) (did) (did:not) view the	y_00, and that in (my) (our) of	oinion deoth occurred on the do	ite ond hour ond from the
Share etair	1	22b. SIGNA URE			225.	DATE SIGNED
OR be r	ь	Ther	mi Holand	DEGREE PHYS.	MED. DIRECTOR PHYS. 3TAFF PHYS. 6	Aug 1968
TAL AL C Page Page e fille		22d. PHYSICIAN'S	T TO THE CHANGE OF THE	22e. ADDRESS	IGIT ADMIN TIOCD THE B	כואסו הזכד א הדו
NER tar,	-		E P.HYLAND, MAJ, MC		JGH ARMY HOSP, FT M	
Age Jirec	23	REMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
	24		ig. 8, 1968 Mount	Carmel Cemetery	French Creek Ch BY REGISTRAR 25b, REGISTRAR'S	ester Co Penna.
VR A15 (4) 30M REV. 1/68		Hopping Funeral	l Jr. Marks 7. Abouts.	X~,		arles Juege



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10929 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN T Yeor 2b HOUR (Type or Print) OF ESTI-ASCOC/C 19 M delay IF LINDER 24 HRS 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) 19 M 7a. BIRTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [WIDOWFD ANNE ARUNDEI the State 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 13. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress during most of working life, even if retired.) 13d. INSIDE CITY LIMITS? death. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. 13e. STREET AND NUMBER admission) STATE 18b. COUNTY after 14. FATHER'S NAME First # Middle 15. MOTHER'S MAIDEN NAME 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT within ADDRESS pencil (Yes, na, ar unknown) (If yes give war or dates of service) Exam File within PPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (aboth), and (c).) the Chief Medical BETYMEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: acher IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF pe Canditions, if any, which gave rise to immediate couse (a). certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ be farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 remaval 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, g 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 1B.) shauld shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Tawn County Stote factory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 1 and in my apinian death resulted from Natural causes Accident Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O FUNER Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 230. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify) REGISTRAR 256 REGISTRAR'S SIGNATUR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

,	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE		10923 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0930
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		Type of Printi	Doy Yeor 2b. HOUR
Pa 30 is	_	BUSSEII GOBLE DEATH MATED 0	7-1968 5/1
	3. 5	S. DATE OF DIKTIN	2d. HOU
P = 8		111 W 9-28-77 68 Yrs.	Yeor 19/08 5PM
Jen 2 m		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
farm, farm,		WIDOWED DIVORCED H, H	M
ter death Give Pages ong with far th the State th.	10.		12b. KIND OF BUSINESS OR
after deatl 3. Give Pag along with with the Ste	0	HIPTOTY CHAINS N. H. HOSVIA VALANCIA	INDUSTRY
s after 18. Give along the state of the stat	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER dmission) STATE	· 01
18. 18. 2 will dec		dmission) STATE Md. 13b. COUNTY A. A. LinthicumyES \ NO 15 16 MANSI	on Kd.
haurs after death Item 18. Give Pag Office along with 1 and 2 with the Sta after death.	14. 1	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		FRANK GUBLE CARRIE HOFFNEN	
			PANSION Rd.
within pencil admineral page 72 Hou		(es, no, or unknown) (If yes give worker dotes of service) 705-07-1646 Mas Alaik E Blue on E2 4/01	Bicon md.
P.E. E.	,	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
e executed pending" in sf Medical E sit permit F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Croncus Ozsles con	1/2 /2
W dd +		4/09 DUE TO, OR AS A CONSEQUENCE OF	
d be exiding the definition of		Conditions, if ony, which gove rise to immediate couse (a), (b). Curterior landice couse (a),	
word word the Cf rial-tra		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be one word "pe on the Chief on the Chief burial-transit in any ever		lost. (c)	15%
is certificate she, writing the variety farwarded ta te used as a bur remaval, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing th irwarded t ised as a naval, and	N	4201	
is certific te, writin farward ie used a remaval,	S S	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
T 0 0 0	CERTIFICATION		YES NO
#= T == 0		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	n 18.)
NER: T certifica hauld b lles. shauld trian, ar	MEDICAL	CAUSE OF DEATH P.M. 19	
3 + 5 0	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
ICAL EXAN execute the for. Page 4 dar yaur CTOR: Page burial, cren		AT WORK AT WORK	
ICAL E executor. Page far CTOR: burial,		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
bul bul	13	death resulted fram: Natural causes 4, Accident 1, Suicide 1, Hamicide 1, Undetermined manner	
please e l directo retained l DIRECTO DIRECTO DIRECTO DIRECTO L DIRECTO LA DI		CHIEF MEDICAL EXAMINER	
ury, preeral be re prior		SIGNATURE	GNED
DEPUTY Cessary, please e funeral direct may be retaine FUNERAL DIRE		EXAMINER'S DEPUTY MEDICAL EXAMINER -	17/68
		NAME (Type) S. BOYLSSUCIZ M) ADDRESS(Street, city, town, or county) and gard	of Bharles 12.
01 = + 2 0 ±	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	County) (Stote)
4	1	JUNIA - DIE NATIONAL CEMETERY WINEHESIER	VA.
V0 -15-15 (6)	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAP'S SIG	GNATURE O
VR A15ME (5) 10M REV. 1/68	H	GWBOTHOM- SLAGT FH. ELLICOTT CITY MO DATE AUG 1 2 1968 JOHN	ma hand

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10931 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Yeor (Type or Print) ESTI-Page DEATH MATED 2d. HOUR 4. RACE AGE (In years 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD NEGRO 05 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEAT farm anne. DIVORCED X 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a MSUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR reader during most of washing life, even if retired.) INDUSTRY death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY BOX YES NO 24 hours Item after 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle sabod hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** be executed within (Yes; ng, or unknown) peng Exom File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Chief Medical permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Our IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove (cullis rise to immediate couse (a). shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse the .= puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 05 removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [NO TA be 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy FUNERAL DIRECTOR: Inquiry 🔀 and in my apinian Inspection Suicide death resulted fram: Accident Undetermined manner Natural causes 1. Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER 5 may TO FUNE Heolth EXAMINER'S ADDRESS(Street, city, town, or county) tous Lycenest Solve NAME (Type) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68

A TANK A RESIDENCE OF THE A TOOL OF 10001 · 新一次 3.46, 1 91岁

								NT OF HEA				
		10925	DI	tems 7	VITAL RECORDS,	301 W. PR	ESTON STRI	EET, BALTIMO	DRE, MARYLAN	21201	10021	3
						CEKTIFIC				-	10933	
I		CEASED-NAME ype ar print)	First		Middle		Last	2	a. DATE OF DEATH Moi	nth Doy	Yegr	2b. HOUR
ı				islaus	N.		Gregor	ski	8		1 68	B: 45a
ı	3. SE	X	4	. RACE		10.17	S. DATE OF BIR		last b	(In years	MONTHS DAYS	HOURS MIN
1		Male		White			1880		8 1	8 YRS.		
ı	7o. E	IRTHPLACE (Stote or fore	eign 7b.	CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARR	IED	OUNTY OF DEATH			
١		m) Aùstria Unknown/		Unk	nown/	WIDOWED	_		nne Arund			Mo
	10. C	ITY OR TOWN OF DEATH		11. NA	MÉ OF HOSPITAL OR IN reet oddress)	ISTITUTION (If no	t in haspital		CCUPATION (Kind a of working life, eve		12b. KIND OF INDUSTRY	BUSINESS OR
2	C	rownsville		Cro	wnsville	State I	losp.	uni	known		INDOSIKI	
	13a.	USUAL RESIDENCE (Where	e deceosed liv	ved, if institutionals.	on: Residence before	13c. CITY OR		3d. INSIDE CITY LIMITS?				
6	Ma.	ssion) STATE myland		36. COUNTY Baltim	ore-	Balt	more	YES NO	918 N.	Wolfe S	Street	
ı	14. F	ATHER'S NAME First		Middle	Lost	15.	MOTHER'S MAI	DEN NAME First		Middle		Last
			Unl	nown				Unknov	wn			50
1		WAS DECEASED EVER IN	U.S. ARMED F f yes give war or de		16b. SOCIAL SECURITY	NO. 17. IN	IFORMANT			Address	Light (h)	
ı		nknown	. yes give weren	and of solitice)	218-05-18	154 H	ospital	Records	s, Crowns	ville,		
1		18. CAUSE OF DEATH (Enter anly an	e cause per line	e far (a), (b), and (c).)				DENE		MATE INTERVAL DISET AND DEATH
ı		PART I. DEATH WA	S CAUSED BY:		Pneumonia							^
1		41009	(IIII) ED II I E	1-1	A CONSEQUENCE OF							
		Canditians, if any, which		(h) Ar	terioscle	erotic o	cardio	vasculai	r disease			
		nise to immediate cou stating the underlying			A CONSEQUENCE OF			1 410 5 420 41			100	
ı		last. 4221)	(c)								0.8 11.3
		PART 2. OTHER SIGNIFIC	ANT CONDITIO	ONS CONTRIBUT	ING TO DEATH BUT N	NOT RELATED TO	THE TERMINAL	DISEASE OR COND	ITION GIVEN IN PAR	T 1(a)		
	z	Fracture	left h	in: chr	onic brai	n syndi	rome					
	CERTIFICATION	Fracture 19a. DATE OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTOP	SY?			ONSIDERED IN CI	ERTIFYING
-	TIFIC						YES 🗌	NO 🗌	CAUSES OF DEA	H?		
		210. ACCIDENT WAS UN	IDERLYING	21b. TIME OF			W INJURY OCCU	JRRED (Enter nat	ture of injury in Par	l or Part 2, If	tem 18.)	
	MEDICAL	OR CONTRIBUTING CAL	SE OF DEATH	HOUR A.M. P.M.	Manth Day Year	9						
	AE.	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY (AT HOME, FARM, STREET, FA		CATION Street	or R.F.D. Na.	City or Town		County	Stote
		While Not while at work										
		22a. I certify that	(I) (this he	aspital) atte,	nded the deceas	sed_from	2/15	, 1968_	_, ta <u> 8/1 1</u>	, 19_0	68, that	(I) (we) la
		saw the dece	ased alive	an8/	11 0 1	19 <u>68</u> , and	that in (my) (aur) apinia	n death occurre	d an the dat	te and haur	and from th
		22b. SIØNA/URV	abave, (I)	(we) (did) (did nat) view the	bady after o	earn.			1 22. (DATE SIGNED	
		220. SIGNATURE	10,-	1/1	1/211	DEGR	ATTENDING	G MED.	STAFF	n 22.		0
		22d. PHYSICIAN'S	res	1000	Jellon	DEGK	PHYS.		TOR L PHYS.		8/11/6	00
		NAME (Type)							State Hos	pital.	Marvla	nd
	224	BURIAL, CREMATION,	23b. DATE		12% NAME OF	CEMETERY OR			3d. LOCATION (City		(County)	(Stote)
)	230.	REMOVAL (Specify)	A-D	6-10		hel, Ma			Balling		A	(31018)
1	24	FUNERAL DIRECTOR	108 W.	Washing	ADDRES			2Sa. RECD BY RE	200	. RECUSTRICES	SIGNATURE U	edal.
		llian Rease	(A		in Und.			DATE AUG	5 8 1900	free	Land Je	0
4	AA	III am 11 cost	14	murph	and hands			DAIL				

ASTER SE · 8,800 I and the contract of the party o All the second of the second of the second of the And the second s The Later was but I'm

10334			30 ft	9-271
210	Mugusa 17, 179	241771	า กะว่า	(1)
	64 633 1		WV.	
	Inbound south	X-ey-	4 6 1	I AM I
	\$3.44 CM 36.000			
		2.46年世	1.16	-4M
			, d	434944
	(1) St. 3 YERF 1.31			
	all the contract of the contra			
			Part and	
	aver a ser a service			

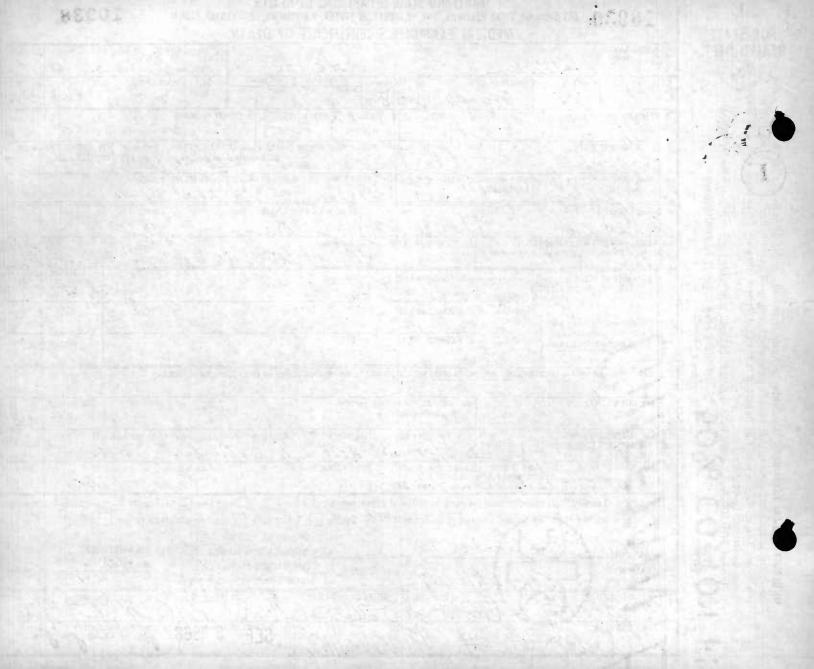
MAKILAND STATE DEPAKTMENT OF HEALTH

	il-en .	• 1 ma
	S	2
Market Street	ACT I STATE A	
i licio	26	
u.	Ė jou	, 5.
a creati		u ou t
	Figure 1	
	i olici u . r cr tol - (tser) .	

August 15, 1968 6:49	пастен	NoTell	was.
18	20/3/1684	of Lan	U 2.
leimura enna			. on, valuable
Tescher Leady after 12.00	91 10 19 10 1 Le	0101	olkrana.ii
.C.W havphak 5	Tayun	.00.A.R	Tomas y unit Plante
	ua.	namen = .C	Noviens .
יונס - עורית במטוו, וושבעו בחס	U I d telled 2 NY	Ser-Maney Thor	
	Catholic Start	taro Ligado Ligado	
	700	Declarated and	
The table to the second			
25 68 AS	do is inst		
ED ED CE ANA	io is net	d k out.	
ing. 15 68 (5)			
8001 .Dux 91 72	.4		
	u. 1. u. 1. u.	. Liner, L. L.	Charles

To Tobe 1 In the 1 In	
Through the second of the seco	
Three teams are the constant of the constant o	
ng remasi kananatis kanana	
Hamming Hamming Control Contro	0240
128 -25-7 if the team to the second contract to the team of	0210
BILDT, LT HE MEN I WANT HOSPITAL, AHARTLIS, NO. 10	9. 1. 200

A 1	MARYLAND STATE DEPARTMENT OF HEALTH	11020
		0938
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth (Type or Print)	
.⊼ 8 8 4.º	(Type or Print) Henson DEATH MATED STILL &	31 1868 PM
5m2 7	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOLINCED DEAD	2d. HOUR
del and M3.	Months Days Hours Min. Month & Day 3.	/ Year 1968 D M
2, 2, P	70. BIRTHY ACE State of Joreign 7b. CIJIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7 17 1 M
orm, form,	COUNTRY)	6 - Co. Md
tot for	10. CITY OR TOWN OF DEATH 11. NAME OF HOSE/TAL OB JUSTITU/10/9 (If not in hospital 12g. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
hours after death Chi, deland 11em 18. Over Pages 1, 2, and 3 Office Stand with form PM3 Pages 1 and 2 with the State Department after death.	Annapolis give street address (Aleneral during most of work applie premit coring)	INDUSTRY
2 with death.	13a. USUAL RESIDENCE (Avhere deceased lived, if institution) Residence before 13. (UV OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 e = 5	admission) STATE / CE 13b. COUNTY (CE WARD YES NO X R45- Bay 111	0
hours Item 1 Office I and 2 after d	14. EATHER'S MAINE & First Middle Middle M. Lost IS. MOTHER'S MAIDEN NAME First Middle	lost lost
24 in 1 in	Regan Henson rance Cor	1/200
hin 24 ncil in niner's pages hours	16a. WAS DECEASE EVER IN U.S. ARMED FORCES? (Yes, 56, of Unknown) (If yes give wor or dates of service) (Yes, 56, of Unknown) (If yes give wor or dates of service)	man Mill
	manyonia manyonia	MANNICE
ficate should be executed wit ing the word "pending" in pe ded to the Chief Medical Exar as a burial-transit permit. File I, and in any event within 72.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ecut erm wit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning	Juddon
end Me t p	8300 DUE TO, OR AS A CONSEQUENCE OF	
be "p	Conditions, if any, which gove rise to immediate cause (a), (b)	
vord vord ne Cl al-tra	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho e w th ourio	last. (c)	
g the sed to sed to and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
fica ing ing dec dec	-850×	
warti warti warti warti warti warti warti	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is certificate, writing forward a ne used a removal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Yeor 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. In	YES NO NO
Thi be d b	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, It	
INER: This certificate, write should be forward files. 3 should be used as should be used ration, or remova	PRIMARY OR CONTRIBUTING HOUR AM S 21 1965 FLEE encle to The Second Francisco Course of Death 21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street 21f LOCATION Street or R.F.D. No. City or Town	
Sho sho atic	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: ute the certificate 4 should age 4 should your files. Page 3 should cremation, cremation,	WHILE NOT WHILE I factory, affice building, etc.) AT WORK AT WORK AT WORK AT WORK	ARCO MO
7 5 0 7	22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry	
CAL E executor. Pa for CTOR: burial,	death resulted from Natural causes , Accident Suicide , Hamicide , Undetermined manner	and the same of th
JTY SICK		
dii dii	ACTUAL CHIEF MEDICAL EXAMINER (LICENSTANT MED	CICHED
JITY, ple eral di be rett RAL D	SIGNATURE STANDING STANDING	21/68
DEPUTY SICAL E	EXAMINER'S NAME (Type) E L L B D R CY ADDRESS(Street, city, town, or county)	ABCO.
o DEPUTY SIC, necessary, please of the funeral director 5 may be retained of FUNERAL DIRECT. Health prior to but	23g. BURIAL, CREMATION 23b. DATE 23g. HAME OF CEMETERY OR COMMATCHY 23d. (LOCATION City or Jown)	(County)/ (Marte) //
= ===	PEMOVAL/Specify of O-41-1948 33 1 1 1000 M 1 1 1000 M 1000 M	(County) (State)
THIS WAS THE PROPERTY OF THE P	24/ FUNERAL DIRECTOR ADDRESS	SIGNATURE
VR A15ME (5)	WILLIAM ROODO# (PAMOUIII) DATE SEP. 3 1968	res Jugar
10M REV 1/68	VI WILL DAIL	

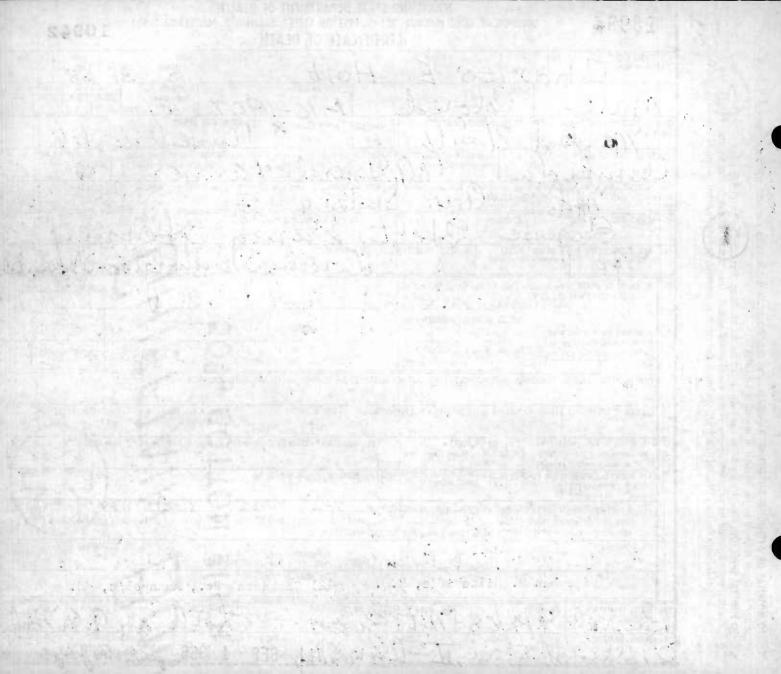


MARYLAND STATE DEPARTMENT OF HEALTH

TOUGH	PLATOL TO STATISTICS OF STATISTICS		
		Let pure A segund	
	en per l'est par		
		on verter a terror in	
	10-00-0 According to the control of		
	. 1 , 1 , 20 , 10 , 10 , 10 , 10 , 10 , 1	board obtained facility	
THE COUNTY			
	malentinto na marenta		
	Convelsion disorday		
		ATT - Village P. J.	

0.3601 A STATE OF THE PARTY OF THE PAR

14001 (Trumber)			S(01) 2 2
ter a company	i, , un coll	Avoděla 4	ucsil
1		John John John John John John John John	6.168
ol	X.		
	FARE OF	Torus	and the same of
a substitution	20 lanen.	I testina apris	
FOR MANAGE SOLITE	77 c 177 c	unicial exects	1021.
bear a transferred	1 . j		
	Sugar, Sugar		
		and the second of the second o	
8881	and the to every a	umadi 1. 19609a.	4



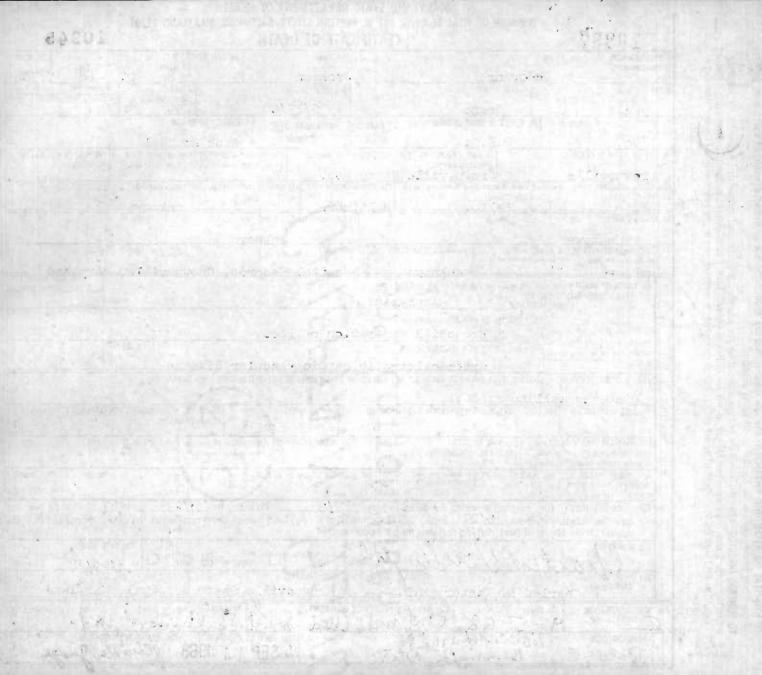
MARYLAND STATE DEPARTMENT OF HEALTH

84CD1 THE SHARE SERVICE TO SERVED THE SHARE STATE OF THE and the same same as a sunt you can be · He turned surprise that the transfer of the first terms of the first AND THE BOY OF BURNING THE PARTY OF THE PART

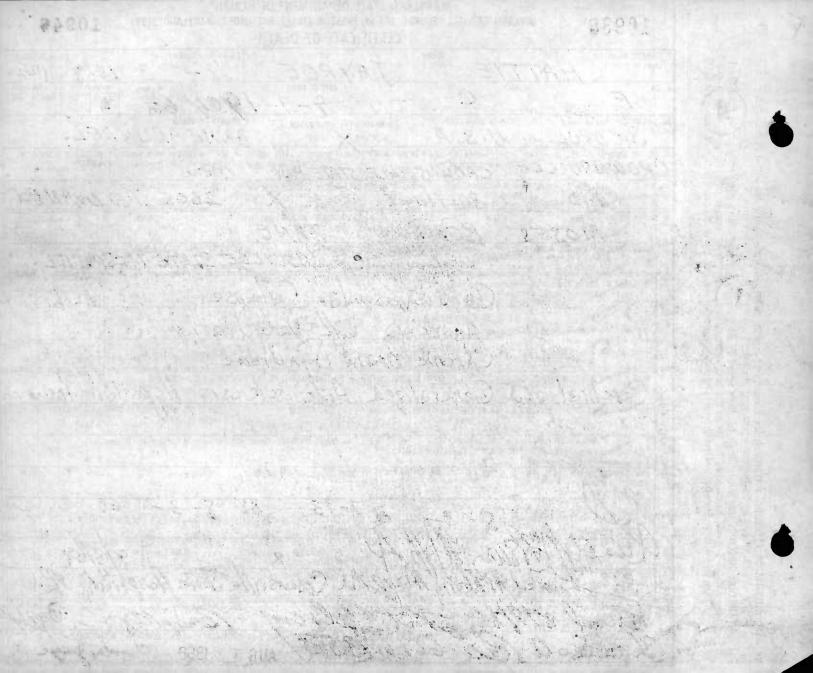
			THE THE PARTY OF T
		I CHERT STATE	\tag{8}
		Charles and the same of the sa	and and
ā		Approximate of the second seco	A CONTRACTOR OF THE CONTRACTOR
	Sent Sent Sent Sent	020-446-3087-Fine. 1984p	
4.5		The style was	

156 L i			DIVISION	OF VITAL RECORDS,		RESTON STRE			YLAND 21201		
LUDPIG	10937			CERTIFICATE OF DEATH			EATH			10945	
1 8 E 143 E		CEASED-NAME First ype or print)		Middle		lost		2a. DATE OF		. V	2b. HOUR
de d		T	heordo	re	8 514	Jackson			Month Doy 8 27	year 68	7:30p M
after full	3. SE		4. RACE			S. DATE OF BIRT			6. AGE (In years lost birthday)	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN
the Pages		Male	I I	legro	Lo	2/13			59 YRS.		
24 haurs after in by the fipers Pages 72 haurs after 7	70.	BIRTHPLACE (State or foreign atry)		OF WHAT COUNTRY?		NEVER MARRIE	TO S	9. COUNTY OF			
	10 ('Va. ITY OR TOWN OF DEATH	U.	S.A.	WIDOWED			Anne A	Arundel (Kind of work done	12b. KIND OF	Md.
within within within		Crownsville		give street address) Crownsville	State	Hos.	during mo	st of working I	life, even if retired.)	INDUSTRY	BOSINESS OK
equires that the death certificate be executed with physician. signed by the attending physician and campletely to burial-transit permit. Then please remove carban burial, cremation, ar removal, and in any event, with the please continuity cremation.	13o. adm	USUAL RESIDENCE (Where deceo ssion) STATE	sed lived, if i	institution: Residence before	13c. CITY OF	R TOWN 13d	I. INSIDE CITY LIN	100000000000000000000000000000000000000	REET AND NUMBER		
xecu novernover	14	Md ATHER'S NAME First		ddle Lost	Balti	more ! S. MOTHER'S MAID	EN NAME FIL	rst	unknown Middle		Last
and and in an				uuio eva.		o. Mottlek o malo			Madio		COSI
ficate be ysician or please al, and ii	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT	Unkno	WIL	Address		
rifico hysi n pl		es, no, or unknown) (If yes give	war or dates of ser	unknown	н	ocnital	Recor	de Cro	wnsville,	Marula	nd
ne death certific attending phy: permit. Then p		18 CAUSE OF DEATH (Enter or	nly ane cause)	CO PT UCL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AFFRUAR	MATE INTERVAL INSET AND DEATH
ar re		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (o	Asphy	xia?			HEAR.			
attendi permit. ian, ar r		4129), OR AS A CONSEQUENCE OF							
the sit f		Conditians, if any, which gave rise to immediate cause (a),	(1	Bronchial a	spirat	ion of f	cood				
tror tree		stoting the underlying cause	DUE TO	O, OR AS A CONSEQUENCE OF							
quires that t physician. signed by the burial-transit		lost. 4221.		arterioslce							
required by the property of th	2	PART 2. OTHER SIGNIFICANT CO Diabetes mel			OI RELAIED I	O THE TERMINAL D	DISEASE ORCC	ONDITION GIVEN	I IN PAKI I(0)		
law re anding been is the rior ta	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION F	OR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPS	Y?		YES, WERE FINDINGS	ONSIDERED IN C	ERTIFYING
The I affer has se as th pri	E		322		11-4	YES 🗌	NO 🗌	300	OF DEATH?		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely find director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pushauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	MEDICAL CE	21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF OEA (If either, notify medical exam	NG 21b. 1 TH HOUR	TIME OF INJURY 2 A.M. Manth Doy Year P.M. 1		OW INJURY OCCUR	RRED (Enter	nature af injur	y in Part 1 or Part 2,	Item 18.)	
HYSIC hospi s cert ached ept. a	MED	21d INJURY OCCURRED 21e	. PLACE OF IN	JURY (AT HOME, FARM, STREET, FA		OCATION Street of	or R.F.D. No.	City	or Town	County	State
the det		While Not while at wark			1.6	R IOE	10 1	2	9707	/·7 · · · ·	(1) () ()
DING J by t After J be o		22a. I certity that (I) (the	iis haspita ilive an	1) aftended the deceas 8/27	ed from 1968 an	d that in (my)	(aur) anir	nian death a	occurred on the di	ote and hour	and from the
TEN ined build the		22a. I certify that (I) (the saw the deceased causes stated above	e, (I) (we)	(did) (did nat) view the	bady after	death.	(doi) apii	man adam a	iccorred an ine a	are direction	
ECT Showith		22b. SIGNATURE	2 1	1/2/1/1	11 LD	ATTENDING	MI	ED —	STAFF 22c.	DATE SIGNED	
DIR DE	13	Mark	20/11	V.euw	DEGI	REE PHYS.	LJ DI	RECTOR X	PHYS.	1/29/68	
MAL Pool		22d. PHYSICIAN'S NAME (Type)	- D	Wenten M. T		22e. ADDRE		State	Hospital,	Marvla	nd
HOSPITAL OR ATTEN age 4 may be retained FUNERAL DIRECTOR: rector, page 3 shaulch hould be filed with the	22-		DATE	Venter, M.D.	CEMETERY OF		7		N (City or Town)	(County)	(Stote)
Page No Fu dire	15	REMOVAL (Specify)	-5.	68 0.0	mel.	(Mod -	School	18al	limore	Med.	(31010)
VR A15 (47)	24.		108h-	washing LADDRESS	1		Sa. REC'D BY		2Sb. REGISTRAR'S		
30M REV. 1/68	L	REESE	hi.	skinglos De	C		DATESEP	1 1 191	oo yuus	rles Jus	35

VIANII VIAIE NEDADIMENI NE MEALL



-		- 4	MAKILANU STATE DEPARTMENT OF REALTH
8	1		10938 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10946
4			CERTIFICATE OF DEATH
		-	
	death.		
	r deat		(Type or print) HATTIE TAYROE 8-Manth 3 Doy 19898 1154 M
		3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 14 HRS.
	E BEE B		9-7-1904 last bridgy YRS MONTHS DAYS HOURS MIN.
	ST (ZE ST)	-	7 7 1NJ 9
	g 200	1	
	d i per 72		S. CAROL. U.S. A. WIDOWED ON DIVORCED ANNEARUNDEL Md.
	ille pa	- 1	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	with A	16	CROWNSULLE give street oddress) INCLE STATE Holling most of working life, even if retired.) INDUSTRY
	d w lete arb	I	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET AND NUMBER
	requires that the death certificate be executed within 24 hours after death a physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers.	0 0	Idmission) STATE MD. 13b. COUNTY POETIMORE > YES NO 2605 SPECIMIAN ROL.
	ny co	9	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	and and in a		MOSES RENBOW TANE
	ian ase	1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	sical Sical I, a		Yes, na, ar unknown) (If yes give war or dates of service) Combiner CROWNSUILLE STATE (+OSPITAL.
	avo av	-	APPROXIMATE INTERVIE
	e death ce		18. CAUSE OF DEATH (Enter Only one couse per-tine for (a), (b), and (c).)
	to the second		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Wascular (12-678)
	ettend permit permit ion, ar	- 1	DUE TO, OR ASAA CONSEQUENCE OF
	the the sit p	-4	Conditions, if ony, which gove) to ANOTEXIA WILL VERY OF STION.
	msi msi		rise to immediate cause (a),
	equires that the physician signed by the burial-transit burial, cremati		
	ysic ysic ned rial	70	
	pha sig		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THIS TERMINAL DISEASE OR CONDITION GIVEN IN PART /(a)
	v r ing he he	16	= (etebral and Generalized Hiteriosclerosis Hyposlalic Ineumonia
	lay be be riar	,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE PINDINGS CONSIDERED IN CERTIFYING
	ITAL OR ATTENDING PHYSICIAN: The law remay be retained by the haspital ar attending RAL DIRECTOR: After this certificate has been page 3 should be detached far use as the be filed with the State Dept. of Health priar ta	V	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PREFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part
	ar te		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
	IAN Fire		
	Sic spit	-	Gunty Countrieuring Cause or ocarin HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d INNING OCCUPED 1210 PLACE OF INNING AND HOME FARM STREET FACTORY \ 216 IOCATION Street or P.S.D. No. (Style of Town)
	PHYSICI e haspit his certif stached Dept. of		21d. INJURY OCCURRED While 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County Stote
	the thi		
	NN Se ter		220. I certify that (I) (this haspital) attended the deceased from 7 - 13, 19, 19, 19, that (I) (we) lost saw the deceased glive on
E.	d b d b		1965, and that in (my) (our) opinion death accurred an the date and haur and from the
	ATTENDIN etained by CTOR: Afte should be vith the Sta		(did) (did not prior the bady of each.
	A S D S S		22/ SIGNATURE 2 DATE SIGNATURE 2 DATE SIGNATURE 22¢ DATE SIGNATURE 2 22¢ DATE SIGNATURE 2
	OR De re 3 ed w	-1	DEGREE PHYS. WED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIR
	¥ × 1 8 €		22d. PHYSICIAN'S 1 MONTH 1 22 DDDRESS 1 TO THE STATE OF T
	ERA ERA I be		NAME (Type) Lione 11 Honry 11 CPV, 11 Crows VIII VOLAS VIII VICA.
	Se 4 Policie de 4	F	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta		REMOVALSDEGISTER 8/168 Just Calvery Brooklyn and
	5-5 VK	1	24. SUNDERGIL DIRECTOR 25b. REGISTRAR'S SIGNATURE
10/	VR A15 (A)	1	
	SOM KEY	° [Charles a face 661 W 13 arre You AUG 5 1968 poleanles Judge



10 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# E2#	10030 CERTIFICATE OF DEATH 10947
hours after death. d in by the funeral rs. Pages 1 and 2 Shours after death.	1. PLACE OF DEATH Anne Arundel 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a COUNTY
after the fi ges 1 after	Archand Anne Arundel
rs afte by the Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)
in by Page .	rurual -Severna PK. Severna Fark
4 = 9 = 1	OIL A LABOR.
y fill	Rt #1, Severna Pk. Rt #1, Severna Pk. YES NO NAME OF First Middle Last 4. DATE Month Day Year
completely ve carbon event, with	DECEASED
comple ve carl event,	TOTAL
executed and comin and comin any even	F white WIDOWED DIVORCED 1/16/99 69 last birthday) Months Days Hours Min.
be cian ase nd in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY LOUNTRY? Cambridge, Md. 11. BIRTHPLACE (County & State, or foreign country) Cambridge, Md.
cate physi n ple val, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
dine pl	Joseph Johnson Nettie Camper
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
on,	no 215 05 7918 Wm. Johns Severna Park, Md.
tat the death sian. ed by the attransit permiter of cremation, o	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
that the sician. gned by t ial-transit	IMMEDIATE CAUSE (a) Wilsonitvaled Carcinoma
ires that physician signed t burial-trau burial, cr	Conditions, If any, which) DUE TO Carelyona of the Signaid
quires g phy en sign phy en sign purion purion sign phy en sign phy en purion p	gave rise to immediate
s the ior 1	cause (a), stating the underlying cause last. (c)
atte atte ha ha h pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The crate icate	1533 YES NO
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transed with the State Dept. of Health prior to burial, created with the state of t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 1533 3 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 10 10 10 10 10 10 10 1
PHYSICIA the hospi r this cer detached te Dept. of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20f. (City or town) (State) While at work
NG by fter be be State	
R. A A the	21. I certify that (I) (this hospital) attended the deceased from August 7, 19 68, to August 9, 19 68, that (I) (we) la
Show with	saw the deceased alive of 9:20 PM 19 68, and that death occurred at 9:20M, from the causes and on the date stated above 22a. SIGNATURE 122b. DATE SIGNED
OR Doe of weed weed w	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
TO HOSPITAL OR ATTENDING PI Page 4 may be retained by the Company of FUNERAL DIRECTOR. After the director, page 3 should be deshould be filed with the State	22c. PHYSICIAN'S NAME (Type) Ewaldo H. Weiss, M. D. 22d ADDRESS 615 Hammonds Lane Baltimore, Md. 2222
ge 4 UNE ecto	Divator II. Mates, II.
Pa Pa Ofir She	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	wm J. Tickners Sons, Galt. No. DANG 15 1968 persones Judge
12M 4.04 MV	

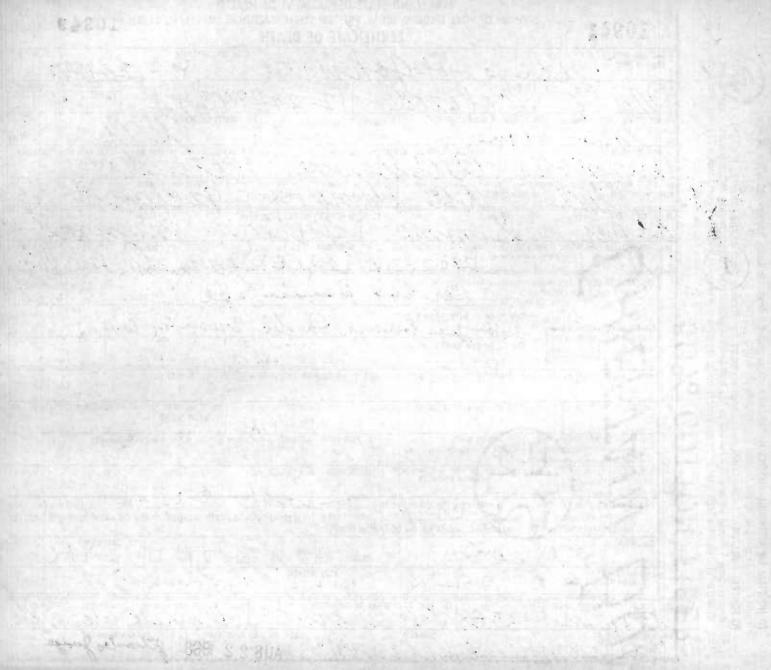
5 7 AND PROPERTY OF THE PARTY OF THE PARTY OF THE 820 4.1.804

contract to the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH

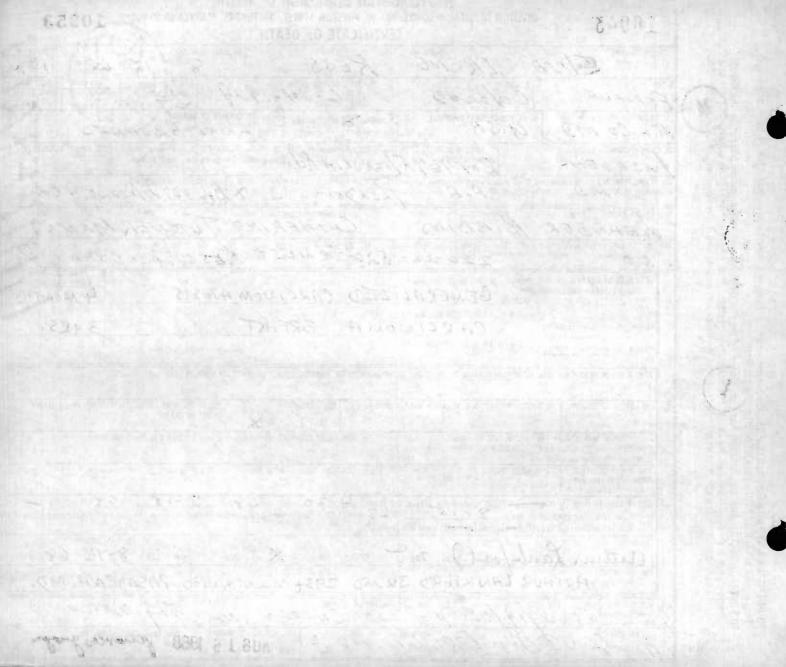
(1 % · · · 8 encia de la la la companya de la companya de la companya della com De gran (Intropet Ann again and The state of the s of the standard of the standar

			MARTIAND STATE DEPARTMENT OF HEALTH
	13		10961 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10949
	+		CERTIFICATE OF DEATH
ŧ	55 E		CEASED-NAME First Middle, Last 20. DATE OF DEATH 2b. HOUR Year print 2b. HOUR
PA	de		WILL - 17-47 WOON 0 - 201760 M
5	by the s. S. Pages L	3. 5	4. RACE A. RACE S. DATE OF BIRTH 12-24-1893 (ast birthday) AMONTHS OAYS HOURS MIN
- haurs		7o.	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 11ry) 9. WIDOWED DIVORCED Md
hin 24	sly filled i	10.	HY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mother working Tife, even it request.) 12. LSUAL OCCUPATION (Kind of work done during mother working Tife, even it request.) 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mother working Tife, even it request.)
W	carban ent, with	120	USUAL RESIDENCE Where degreesed lived, if institutions Residence before 135/CITY OR TOWN 134. INSIDE CITY LIMITS? 136_STREET AND NUMBER
cuted	eve eve	adm	USDAL KESIDENCE Where developed lived, it institutions residence before issued in the state of t
эе ехе	rem n an	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs be retained by the haspital ar attending physician.	Sichan	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address Address 17. INFORMANT Address Address Address
e /	The The Tree of th		18. CAUSE OF DEATH (Enter only one cause per line fay (9), (b), and (r).)
eath	the attending parsit permit. The mation, ar renag		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerahal Semantoge & mas
e d	attendii permit. ion, ar re		4/20 DUE TO, OR AS A CONSEQUENCE OF
# # # # # # # # # # # # # # # # # # #	the mat		
s the	signed by the attend burial-transit permit burial, cremation, ar		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
uire	gne	4	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
red p		-	443 x
law indir	bee is th riar	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The	has the	RTIFIC	YES NO CAUSES OF DEATH?
G PHYSICIAN: The law requires the haspital ar attending physician.	DIRECTOR: After this certificate has been sge 3 shauld be detached far use as the led with the State Dept. af Health priar ta	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19
HYSI hasp	After this certif I be detached State Dept. af	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County Stote
# the	er the de		at wark at wark 220. I certify that (I) (this haspital) attended the deceased from 14 - 6 - 6 19 1, ta 8 20 - 6 19 1, that (I) (we) last
ENDIN	R: Afte old be the Str		sow the deceosed olive on, ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death.
OR ATTENI	CP st €		22h SIGNATURE 22c DATE SIGNED
- makeni	DIRE Je 3 ed w		DEGREE ATTENDING DIRECTOR DISTAFF DIRECTOR DIREC
O HOSPITAL Page 4 may			PHYSICIAN'S NAME (Type) A + ALLEY 220. ADDRESS Collected &
HOS	O FUNERAL director, pa	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Couply) (Styles)
5-	-	24.	FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	VR A15 (4) 30M REV. 1	2/2	Villam Reesett (Anna) & DATEAUG 2 2 1868 goliarles July

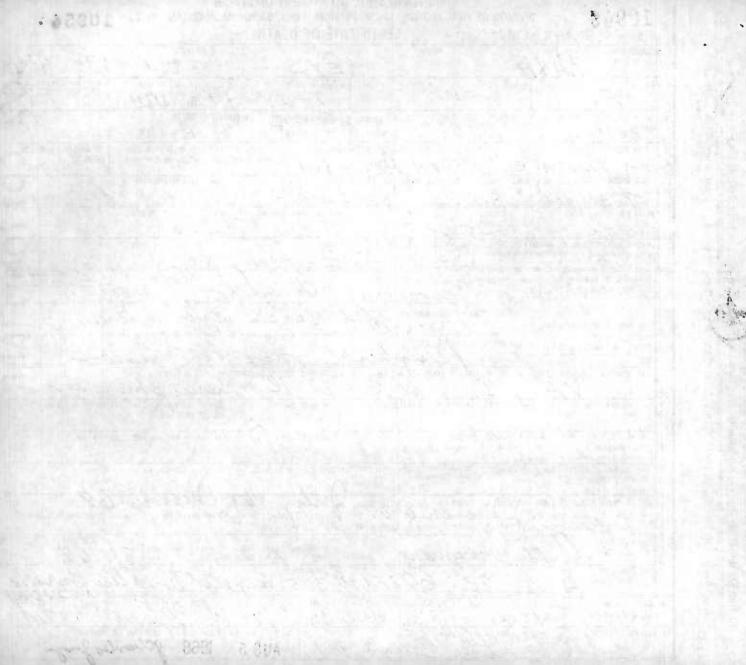


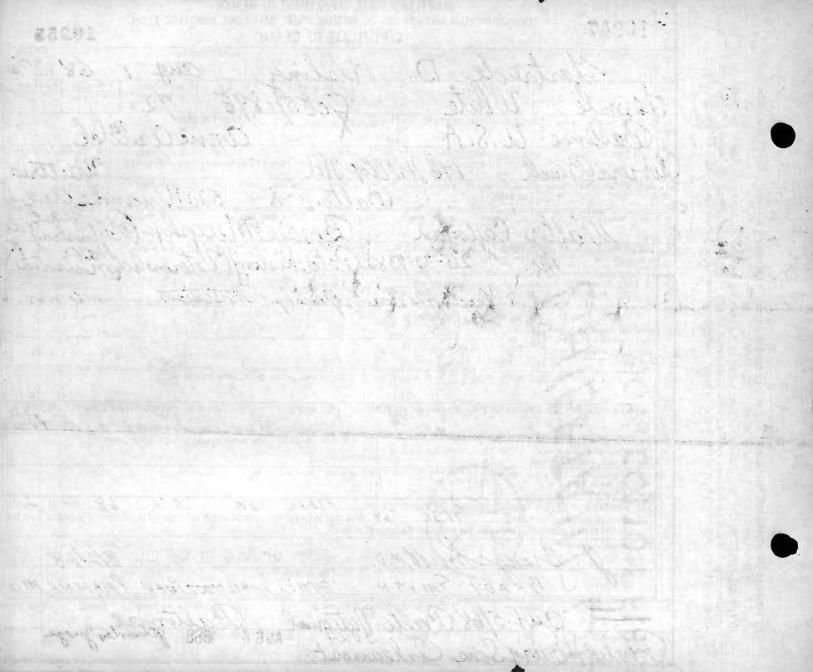
recor Section Included that Allegan And the Court of t the state of the same of the same

3 26 A5110 General Ethernelismi @ 11A tereman Exclutes licelleten, Prycheter dependin 2/10/ 18 - 2/14/ C.S. 83/6/8 O. Dorkan, Ald. C. borkan, MD. out Homital Davis, I burney well and the same of the



			ID STATE DEPARTMENT OF HEALTH	
17		10946 DIVISION OF VITAL RECORDS	301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10954
	19	Item#6.5FilmG403 8/7/68 km	CERTIFICATE OF DEATH	
20 2		CEASED-NAME First Middle	Last 2a. DATE OF DEATH	2b, HOUR
deoth ond 2	(1	ype ar print) RADA	SEVS Manth / Da	
fenera fond a ond	3. SE		S. DATE OF BIRTH 25 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the the	H	FW	7-28-414 last birthday) yks.	MONTHS DAYS HOURS MIN
by the	7a. E	RIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Person	Cuon	MARYLAND (1-S.H.	WIDOWED DIVORCED H. H. CO.	Md.
within 24 filled in poper than poper in within 72	10.0	give street address)	ISTITUTION (If not in haspital during mast af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
vij vijely vijely	0	en BURNIE NORTH	HRundel	
pe ed		USUAL RESIDENCE (Where deceased lived, if institution: Residence befare ssian) STATE	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 109 PERNON	Aug.
e execution on the company on the company even of the company even of the company even of the company even on the company even of the company even	14. F	ATHER'S NAME / First Middle Last ,	IS. MOTHER'S MAIDEN NAME First / / Middle	Last
rtificote be ex physicion ond en pleose rem oval, and in on	6	Leonge Wengert	Ida Stylbe	
ote b		WAS DECEMEND EVER IN U.S. ARMED FORCES? es. ng. or unknown) (If yes give wor or dates of service)		
physi en pl oval,		es, na, grunknawn) (If yes give war or dates of service) 219-20-	1602 JOHN HENRY Keys	
e death ce		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c	1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
andii or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Aug Marmoren acu	4
te deat		4/09 DUE TD, OR AS A CONSEQUENCE OF	aprillable - 10 puteriant	14.
= ===		Canditians, if day, which gave) (b) (sheph	as antendo Menser	roces .
tho.		nse to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1	
equires that the physician. signed by the burial-transit burial, crema		lost. 4201 (c) / lhy	theraf vuscular air.	acc
phy phy sign buri buri	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	IOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
re ng en he to	Z.	CVA, (6), 0	is e () herright	eren.
The law re ottending hos been se as the th prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY: 20b. IF YES, WARE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
The off hos the the	ZTIF)		AF2 NO	
or of earl		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY GREGORITHM GREATH HOUR A.M. Manth Day Yea	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	Item 18.)
d difficult	MEDICAL		9	
JING PHYSICIAN: The law requires th by the haspirol or ottending physician fler this certificate has been signed by be detached for use as the buriol-transtate Dept. of Health prior to burial, cre		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, F.	OCTORY.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn	Caunty State
the thing the Detail		While Not while Office Building, ETC.		C A
by Stat		22a. I certify that (I) (this haspital) attended the decease	ed fram 1961, to Ware 1619	hat (I) (we) last
R: A		saw the deceased alive an additional view the	1962, and that in (my) (aur) apinion death accurred an the d bady after death.	ate and haur and fram the
TTO Tair Tair The		22b. SIGNATURE		. DATE SIGNED
OR ATTENE OR ATTENE DIRECTOR: A pe 3 should ed with the		Q. U. Kl Guzman	DEGREE PHYS. MED. STAFF STAFF STAFF STAFF	11/68
AL DANGY POR PORT PORT PORT PORT PORT PORT PORT		22d. PHYSICIAN'S NAME (Type) B A A GO	22e. ADDRESS OF A TOTAL A	10 Runia
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspitol or ottending TO FUNERAL DIRECTOR: After this certificate has been girector, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	25	P 111 40 04	-14/10 343 hospica Dr, for	(Caunty) (State)
O HOS O FUN direct	230.	REMOVAL (Specify)	CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(Caunty) (State)
5-5-4	24	FUNERAL DIRECTOR CARCIOTION FOR ADDRES	HAVEN MONORAL HOUSERAN 250, REGISTRAN 250, REGISTRAN	C SIGNATURE
VR A15 (4) 30M REV. 1468	24.	De la	enie, md DATAUG 5 1968 golia	
0011 HEV. 1190	1	MAN I WWW X DEG 1/211	DAINUU J DOU	100





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10956 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First 20. DATE KNOWN Yeor (Type or Print) ESTI-Page 410 Ethel DEATH MATED IF LINDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE In years IF LINGER 1 YEAR 2c. DATE PRONOUNCED DEAD 2, b. PM3. 2-5-03 65 the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED Anne Arondel WIDOWED-F Md. IISA 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR BOA- North . ARO " OF L during most of working life, even if retired.) GION BURNIE Give Houseuri fe Own Home death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER Ferndale odmission) STATE 13b. COUNTY ha co 31 - FERNDOLE. AUE ∞ YES NO and 2 after Item 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME Middle 0 Oscar Basford Hada Cooley haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) If yes give war or dates of service) Miss Evelyn Kline, 2606 Talbot Rd. Balto. 16 219-07-8976 File within executed 18. CAUSE OF DEATH (Enter only one couse per lige for (a), (b), ont (c).) the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit pe Conditions, if ony, which gove rise to immediate couse (o), This certificate should any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 OS remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, should be 20 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Dov. Year 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that look charge of the remains described above, held on Autopsy ... Inspection . Inquiry ond in my opinion Accident . Undetermined monner deoth resulted from: Notural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Aug. 22, 1968 Baltimore National Baltimore, Md 24. FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR 1968 VR A15ME (5) Kirkley Funeral Home, Glen Burnie, Md. 21061 10M REV. 1/68

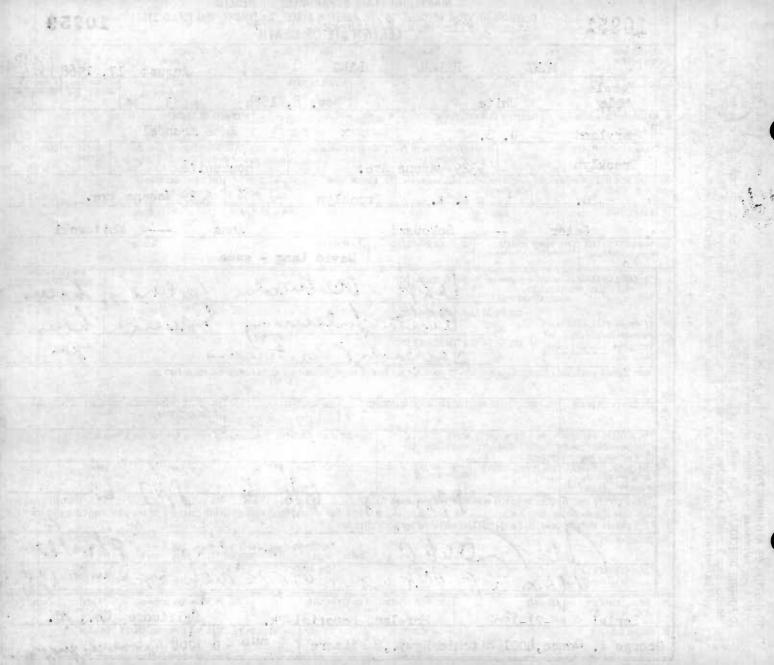
MAKYLAND STATE DEPAKTMENT OF HEALTH

PARTICLE AND THE PROPERTY OF THE PARTICLE AND THE PARTICL AND THE STREET STREET AND THE PROPERTY OF THE

	1	-		ID STATE DEPARTMENT OF		
		10000	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	10958
		10950		CERTIFICATE OF DEATH		10000
	1 0	CCLCCD HAVE				T.
		ECEASED-NAME Fire	rst Middle	Lost	2a. DATE OF DEATH	2b. HOUR
	(,		rand M	Kupath	Month 22 Doy	Ger 10 PM
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Mala	11116 40	- / /	last birthday)	MONTHS DAYS HOURS MIN.
		1/4/8	while		9 79 YRS.	
	7a. COUT	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	1 /
	(001	"" Ohio	11.519	WIDOWED DIVORCED	HNNIA HA	UNIdal Md.
	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (If nat in haspital 12a. US	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
)	1	21- 0	give street oddress)	during	mast af warking life, even if retired.)	INDUSTRY
	10	TEN BUR	RNIE	7, 6, 6, 7,		
Z	IJa.	USUAL KESIDENCE (Where dece	eased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT		
2	udilli	MAKYA	nd bunna	EKRIEGE YES	NO X 1042 Montgon	ney Rd
人	14. f	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
		Albart 1	T	1 mnn.		ne eabe
	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT		TE CAISE
	100.	escho, or unknown) (If yes give	to come an data of some day	he po	142 042 me	on to oming Rd
		VO	705-05-	5983 MAS FRAYORS	MILIER FIKE	dor me
		18. CAUSE OF DEATH (Enter	only ane cause per line for (o), (b) ond (c).)		APPROXIMATE INTERVAL BETWEFN ONSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY:	Voutinalar	barlus	808 11 DAN 8-
		1/3/2 0 IMMEI	DIATE CAUSE (o)	720-001-00-0	1100000	The war is
		450	DUE TO, OR AS A CONSEQUENCE OF	1000	0 0 0 0 0 0	11. de
		Conditions, if ony, which gove rise to immediate cause (o)		no purman	weadow	Medyly
		stating the underlying coust			70	
		lost.	-) (c) Devier	aliza autim	leus	Near
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT I	OT PELATED TO THE TERMINAL DISEASE O	PCONDITION GIVEN IN PART 1(a)	1
		321V	The second point	THE TENNING DISEASE OF	The state of the state of	
	CERTIFICATION	10 01 01 0000111011 110	N COURT OF THE COU	100	Lan us was was surely	011110101010111111111111111111111111111
1	3	19o. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
1	플			YES NO [CAUSES OF DEATH?	
	9	210. ACCIDENT WAS UNDERLY			ter nature of injury in Port 1 or Port 2,	Item 18.)
	3	OR CONTRIBUTING CAUSE OF OR				
	MEDICAL	(If either, natify medical exar		9 CCTORY.) 21f. LOCATION Street or R.F.D. I	No. City ar Tawn	Caunty State
		While Not while	OFFICE BUILDING, ETC.	(CTORY.) 21f. LOCATION Street or R.F.D. I	to. City of Town	A -
		at Mark at Mark		11,217	10 1 12	10
		22o. I certify that (I) (1	this haspital) attended the deceps	ed from 19	01, to any 22,19	, that (I) (we) lost
	100	saw the deceased	alive on with	19 6, and that in (my) (our) o	pinion death occurred on the da	ite and haur ond from the
			ve, (1) (we) (did) (did nat) liew the	bady atter death.	1	/
		22b. SIGNATURE	1. / 1	ATTENDING	MED STAFF 225	DATE SIGNED
		10	your away	DEGREE PHYS.	MED. STAFF PHYS.	125/158
		22d. PHYSICIAN'S	1.	22e. ADDRESS.		101
		NAME (Type)	HXC PRANK	40 101	(SE Nitema &	ery bley bump
	=					1. Minor
	23a.	BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	L	Bening 8	1-26-48 NEW	CATHEDRAL	BAITO City	mo.
	24.	FUNERAL DIRECTOR	ADDRES:	7 44	1000	SIGNATURE
	H	ginbe Terk & To	A Funical Har	DATE AU	6 2 6 1968 yella	MED Judges
	100	1 - " 01 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en i regilieri i rege		- 1	

SECUL THE SEARCH SERVICE STREET STREET, BY AGOST AND TO AMERICA and the second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH



Value III	en amanus destrontas i vil Atago do atagones		1 , 1 ,
the term to the		1/4	
	Said to the	COLDIN	e de la companya della companya della companya de la companya della companya dell
		3.0	
	The Local Lab	.a.u maasaa Gaawurata aank	oliona A
	de la la comana		
	ATTACAN LIST DOG TO		
- 6			
Department of the control of the		ters of all the last	
MANAGE TO A	elember (1986)	Total Sara . A	
		Juny W	
ALCOHOLD SEE			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEAM'H DEPT. 1. DECEASED-NAME First Harriet Middle Last 2g. DATE KNOWN Month 2h HOUR (Type or Print) ESTI-500M ong 1968 DEATH MATED 4. RACE AGE (In years IF UNDER 24 HRS. 3 SEX S DATE OF BIRTH 2c. DATE PRONOLINCED DEAD 2d. HOUR 6. the Stote Depart 7o. BIRTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED T Ann Arundel WIDOWED [Balto. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Rt street oddress 515 during most of working life, even if retired.)

House Wife **INDUSTRY** Green Haven. Md. A Outing Rd. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Green Haven. Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmissian) STATE 13b. COUNTY Md. Rt. 3Box515A Outing Rd. Arundel Green Haven Office and 2 v Lost 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME Last Albert Conner Annie Kunert hours pages 17. INFORMANT Green Haven, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil (Yes, no. or unknown) 219-14-0989 A. Mrs. Anna E. Bisbing Rt. 3Box515A Outing Rd. File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). writing the word ploods DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 05 removal, used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES 🗔 pe 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK AT WORK FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry X Inspection . ond in my opinion death resulted from: Natural causes 20 Accident Suicide [Hamicide Undetermined manner pleose CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Heolth Borssuck ADDRESS(Street, city, town, or county) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) 4 County 15tore Baltimore. Maryland Aug.12, 1968 Mount Olivet Cem. 24. FUNERAL DIRECTOR
G. Truman Schwab, 3512 Frederick Ave., Baltimore, Md 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE AUG VR A15ME (5) 10M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

				A-	ă. q
	defend only			2.00	
CHVMI AMOID C	Taylar bezoli Jidan Kutal Vilani				Cavell sale
	\$11000 E	olosa	neruol		August Lite
. If pasted act	room pavori, od. A. Mahtine ot. 105.				

FOR STATE		10954 DIVISION					LITIMORE, MAR E OF DEAT		1	0962	
HEALTH DEPT.	1. DEC (Ty	CEASED-NAME proper or Print) Jenn		Middl	е	Lotite	0	2a. DATE KNOWI OF ESTI- DEATH MATED	Month		2b. HOUR
and 3	3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In year last birthday)	MONTHS DAY:		2c. DATE PRONOL		Year 19608	2d. HOUR
death any e-Pages 1, 2, a	cauntr			A. AME OF HOSPITAL	W	MARRIED NEVER IDOWED D ON (If not in haspi	IVORCED /	OCCUPATION (Kind o	f wark done	2h. KIND OF BUSI	Md.
after de Give eath with with the seath of th	13a. L	JSUAL RESIDENCE (Where decease missian) STATE NO	Cia	treet address)	befare 13c. Cl	TY OR TOWN	during mas Hous 13d. INSIDE CITY LIMITS? YES NO	The state of the s	NUMBER Eager		27.20
haurs of Item 18: Office off	14. FA	THER'S NAME First	Middle		Last	15. MOTHER'S A	MAIDEN NAME Fir		Middle	Last	
hin 24 ncil in niner's pages haurs		Anton (AS DECEASED EVER IN U.S. ARMED (If yes give	FORCES? war or dates of service)	Con		17. INFORMANT	Conce		od, above	?	
be executed "pending" i nief Medical ansit permit.		18. CAUSE OF DEATH (Enter on	D BY: ATE CAUSE (a) DUE TO, OR		Steller NCE OF	whe l				APPROXIMATE BETWEEN ONSET	
is certificate e, writing the farwarded to e used as a be emaval, and	2	PART 2. OTHER SIGNIFICANT COND 42.21 190. DATE OF OPERATION	(c) ITIONS CONTRIBUTI	NG TO DEATH BU 196. CONDITION WAS PERFO	FOR WHICH (L DISEASE OR CONDI	TION GIVEN IN PART	1(a)	20. AUTOPSY	? NO 💌
INER: he certif shauld files. 3 shaul natian,	DICAL	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING [CAUSE OF DEATH 21d. INJURY OCCURRED WHILE OF DEATH WHILE AT WORK AT WORK	21b. TIME OF HOUR A.I P.I PLACE OF INJURY (Actory, office buildin	M. At hame, farm, s	19	21c. HOW INJURY		ature af injury in Par City ar Tawn	Course	County	State
no DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar to burial, crem		220. I certify that I the death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Natural cause Fracal	ses , Ac	cident [],	, Suicide	, Hamicide C CHIEF MEDICAL EXAM ASSISTANT MEDICAL I DEPUTY MEDICAL EXA ADDRESS(Street, city,	, Undetermin	22b. DATE S		y opinion
OF # 50 F	Ent.	REMOVAL (Specify) ombment ONERAL DIRECTOR Schimun	4/68 ek Fu ^{ne} r Madison	Lor:		ry or crematory Park Ceme		Balto. REGISTRAR 2Sb 4 1968	Md . REGISTRAR'S SI		ate)

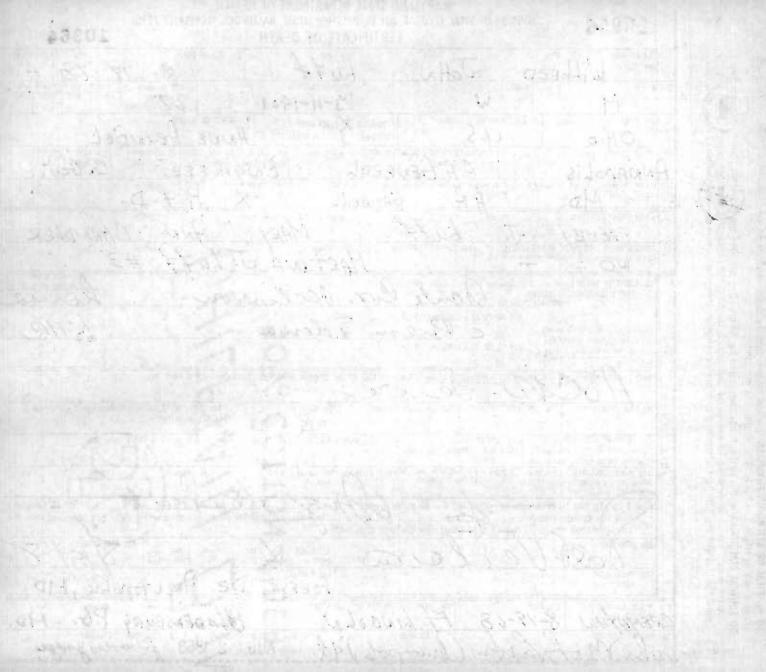
MAKILAND STATE DEPARTMENT OF HEALTH

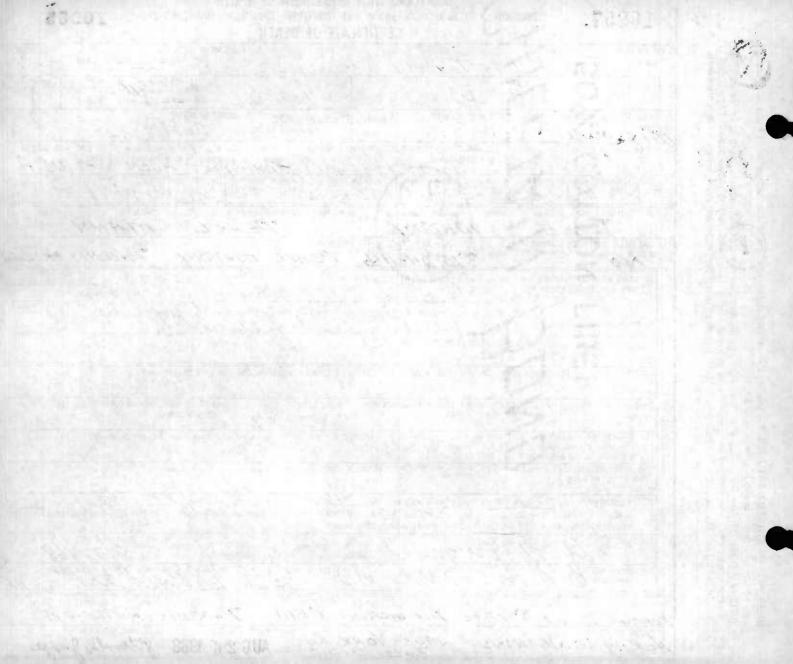
10088 TO DESCRIPTION OF THE PROPERTY OF THE PARTY Contract to the second of the LOUD THOUGHT IN THE LOUTE LAND THE RESERVE THE PARTY OF THE PA

				MARYLAND STATE DEPARTMENT OF HEALTH
0	1			10955 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	100			CERTIFICATE OF DEATH
1			1 0	
	the sta			
	\$ 1 3 4 8			2 KOULIC C. LUCKHAM 8-31-6X 6A
	草人村了草	633	3. 51	
	to a to			MALE 18-20-13 last birthday) YRS. MONTHS DAYS HOURS MIN
1	by Pour		7a.	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	cented within 24 hours a campletely filled in by the ove carbon popers. Pog y event, within 72 hours a		cau	OSA WIDOWED DIVORCED HAT A - CO.
	ille poq nin		10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	within ely fill bon po within	00	1	ASADENA give street address) Kto DHOLM CIR during mask of warking life, even if setting. Co
	ed car	02	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d, INSIDE CITY UMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER
	cuted mplei	1	duili	issian) STATE NO 13b. COUNTY A -CO VASADENA YES NOW 8026 WOODHOLM CIRCL
		- /	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN-NAME First Middle Last
	9 107.5			HIPAUN INDUHANN & MAINE CORES
	eos and		16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address
	physic physic ien ple ovol, al		1	(es, na, ar unknown) (If yes give war or dates of service) 230074602 LOUIFIL LUCKHAIN - ARONTE
	ph ph ov		H	1006AVMANY INTERVAL
	attending phy permit. Then ion, or removo			18. CAUSE OF DEATH (Enter only one cause per liperfor (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:
	attendi permit. ion, or r		33	IMMEDIATE CAUSE (a) CONCEL FORMAN COMPANY CONCELL COLLEGE
	aff on,			DUE TO, OR AS A CONSEQUENCE OF
	the sit p			Canditions, if any, which gave) (b) USUSTALLY (TUBER Selections) 249 also
	n. ny ty ons			rise ta immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	ICIAN: The law requires that the deoth certificate, pital or attending physicion. Itificote hos been signed by the attending physicial for use as the buriol-tronsit permit. Then pleos of Health prior to burial, cremotion, or removol, an	6		last. (c)
	hys gne gne Jrio			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	g p			4) 01
	law ndin beel s the		NO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	e le lo se lo se lo as l	X	3	CALICES OF DEATHS
	PHYSICIAN: The law re he hospital or attending this certificate hos been letached for use as the EDEPT: of Health prior to	/	CERTIFICATION	15 10
	ded ded			21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	Pite Pite		MEDICAL	(If either, natify medical examiner) P.M. 19
	rending PHYSICIAN: ned by the hospital or R: After this certificate ould be detached for u		W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	ENDING PHY: ned by the hos R: After this ce uld be detach the Stote Dept			While Not while at wark A to wark
	ApinG by the After d be de Stote			220 certify that (1) (this haspital) Ottended the deceased from 1958, the steady 1958, that (1) (we) la
	A P A P A P A P A P A P A P A P A P A P			saw the deceased alive on 1988, and that in (my) (aur) apinion death occurred on the date and hour and from the
-	ATTEND stoined CTOR: A should ith the			couses stated above, (I) (we) (did) (did not) view the body ofter death.
	retoir retoir RECTO 3 sho with			22b. SIGNATURE (2) 22 DITE SIGNED /
	OR De r			DEGREE PHYS. MED. STAFF 8 3 1 68
	A A B	-		22d. PHYSICIAN'S 22e_ADDRESS
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retoined by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the buriol-trois should be filed with the State Dept. of Health prior to burial, cre	1		NAME (Type) YOU Schools (1901 amayobre ug
	Sold Sold		23a.	BURIAL, CREMATION, 23b_DATE/ 23c_NAME OF CEMEJERY OR CREMATORY 23d/10(AJUN (City of John) (County) (State)
	TO HOSPITAL OR ATTEN Page 4 may be retoined TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		5	BEMOVAL (Specify) 9/3/68 Then Haven Cen Then Burne Aff. has
	0	M	2A.	FUNDRAL DIRECTOR 2So. REC'D'BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	VR A1514	68	K	Il I ber a la l
		V		Their S. Serrance, seberna Pr. Muster 4 1968 guardes grantes

A. 14 that cooksaid man Corner out with the way Some thinks as which the way to E 8 3 The Both of Lephon Due () - In Jay cours 1000 - 110 South 2 1042 H

			MARYLA	ND STATE DEPARTMENT OF	HEALTH	
		10955	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 2120	1
CONTRACTOR CONTRACTOR		TA903		CERTIFICATE OF DEATH		10964
	_					***
12 ± −2 ±		CEASED-NAME Firs	Middle	1 Lost p D	2a. DATE OF DEATH	2b. HOUR
death death death	1	ype ar print) Wilh A	en John	61177	Month	98 Yes A M
2 32 2	3. SI	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	I IF UNDER 1 YEAR IF UNDER 24 HRS.
# W # 1		M	1.1	3-11-1901	lost birthdoy)	MONTHS DAYS HOURS MIN.
S (# S)			40			YRS.
and the second	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
errange in	CODI	"" OHip	U.S.	WIDOWED DIVORCED	HADNE HELL	JDEL Md.
within 24 sely filled in paper within 72	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	NSTITUTION (If nat in haspital 12a, USU	AL OCCUPATION (Kind of work d	one 12b KIND OF BUSINESS OR
塩 生産をなる	1	1.	give street oddress	duning m	nost of working life, even if retire	one 12b. KIND OF BUSINESS OR UNDUSTRYD
with with		NUAPOLIS	H-H-DE	UERHL EA	PINEEL	
Sompley of the control of the contro	I3a	ssign): STATE Where deced	ased lived, if institution: Residence before			
vecuted vectored vectored vectored vectors	dun	SSIGILLY SINIE /MD.	13b. COURT H. 14.	GAMBEILL YES N	·风 K. F. I) -
e Se	14.	ATHER'S NAME, First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middl	e Lost
and and rem		HELIO.	T 61177	MARY	ANIS	CHANDLER
ertificate b physician nen please iaval, and i	160	WAS DECEASED EVER IN/U.S. AR	RMED FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	- Addres	
sici J, a	100.	es, no, of unknown) (If yes give	wor or dates of service)	Mantina	T / 1	# 3
phy en va		NO		THRINA	U. KUTT T	7/
e High		18. CAUSE OF DEATH (Enter of	only ane cause per line or (a), (b), and (ED BY:	().)		OFFICIAL BETTY EEN ONSET AND GEATH
r Fig. 94		PART I. DEATH WAS CAUS	ED BY: CAUSE (a) Coute	Cor Occes	sim	Louis
ne death ce ottending p permit. The		4100	DUE TO, OR AS A CONSEQUENCE O	-		7000
he a de figure pe		Conditions, if any, which gave		5-0		11 40
asit the state of	-	rise to immediate couse (a),	(b)	m. Celema		12/11
the an. by rar rrar		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O)F		
sicis ed al-,		last. 4221	(c)			
equires that the physician. signed by the c burial-transit p burial, crematia		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
a b c c c	_	H1)()	VD- Vew	ere -		
av the art	2	190. DATE OF OPERATION 196	. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	206 IF YES WERE FINDIN	NGS CONSIDERED IN CERTIFYING
The law requires th attending physician. has been signed by se as the burial-tra h priar ta burial, cre	CERTIFICATION	Tro. Ditte of Oreitation			CALISES OF DEATHS	
The set	E					
nate are		21g. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCURRED (Ente	er nature af injury in Part 1 or Po	rt 2, Item 18.)
9	MEDICAL	(If either, notify medical exam	niner) P.M.	19		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death se retained by the haspital or attending physician. **NIRECTOR:** After this certificate has been signed by the attending physician and camplerely filled in by the funeral e.3 shauld be detached far use as the burial-transit permit. Then please remarked has papers. Regist and eather within 72 hours after deather with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event within 72 hours after deather with the state Dept.	N.	214 INITIDY OCCUPATED 21	B. PLACE OF INJURY (AT HOME, FARM, STREET,	FACTORY.) 21f. LOCATION Street ar R.F.D. No	c. City op Town	County State
PH PH Phis Pergo			OFFICE BUILDING, ETC.	1//	(- 1)	1
Pet tabe		at work at work	his harriagly associated the days	10	DO to Mage in	19 , that (We) last
Sto Sto		sza. I certify mai (i) (*	alivo an	19 Octond that in (my) (aur) ap		
Feb sed		couses stated above	his hospital) attended the decederative an School (did not) view the	e hady after death	milan deam accorred an in	e date and thost and from the
Trip Dat		22b. SIGNATURE		7		22c. DATE SIGNED
%		200	110.601	ATTENDING ATTENDING	MED. STAFF	XIC/6X
o a a sp		0081	VELLE		DIRECTOR PHYS.	9/7/0
AL AL		22d. PHYSICIAN'S NAME (Type)		22e ADDRESS	Do Dans	15 710
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exergage 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and/or director, page 3 shauld be detached far use as the burial-transit permit. Then please rema shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in an and in an and in an analysis are in an an analysis and in an analysis are in an an an an analysis and in an an analysis and in an analysis analysis and an analysis analysis and an analysis and an analysis and an analysis and an analysis		Hame (13bo)		DOREST	DE, HOUK	many 1-12-
aul aul	23a	BURIAL, CREMATION, 23b	. DATE 23c. NAME (CEMETERY OR CREMATORY	23d- LOCATION (City or Town)	(County) (Stote)
Page dir	0	2 1 1 X	-19-68 Ft. 1	INCOLN	HALADENSBUR	29 P.G. MD.
	24	FUNPRAL DIRECTOR	ADDRE	CC 2C0 PEC'D	BY REGISTRAR 2Sb. REGISTI	RAR'S SIGNATURE
VR A15 (4) 30M REV. 10 80	1	J. Wy I	Tast Agra / Ni	poli Md. DATE AU	G 2 2 1958 XC	hances Judges:
55,11	A	100	to some Com	JOOK I LA DAIE		00



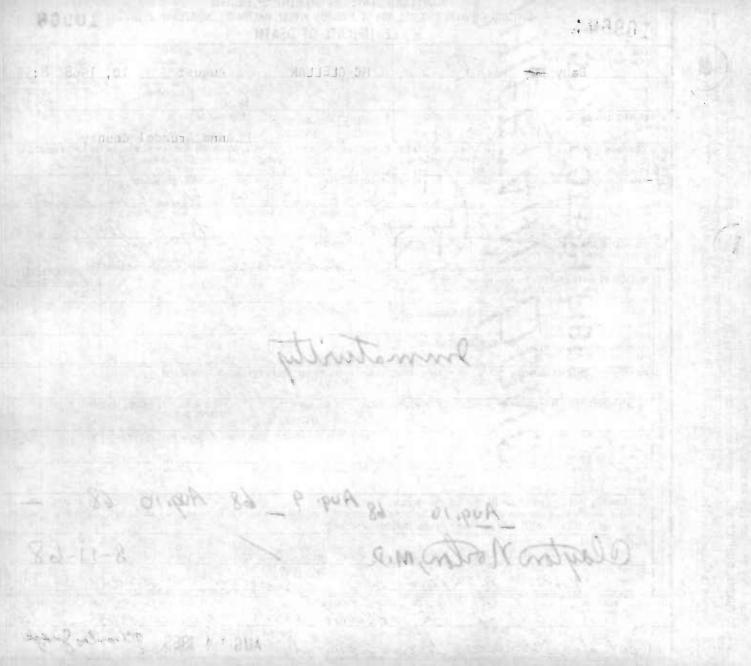


80 LUL marchallene novino			- 5-19.0 <u>0</u>
A THE STATE OF THE			Set.
		3716	1
		и и	BURL, INC.
	A PROPERTY OF	HTICK TO	
THE SUMMATION PROSESSES IN	Trible (E.E.)	Period III	ST SEASON TO
		p Salland	
		1.5.1	7.54.6
		, · · y ·	
		Section The	
CHARLES AND SEE ALL AND	TIMBLE NOTES		racing Casa

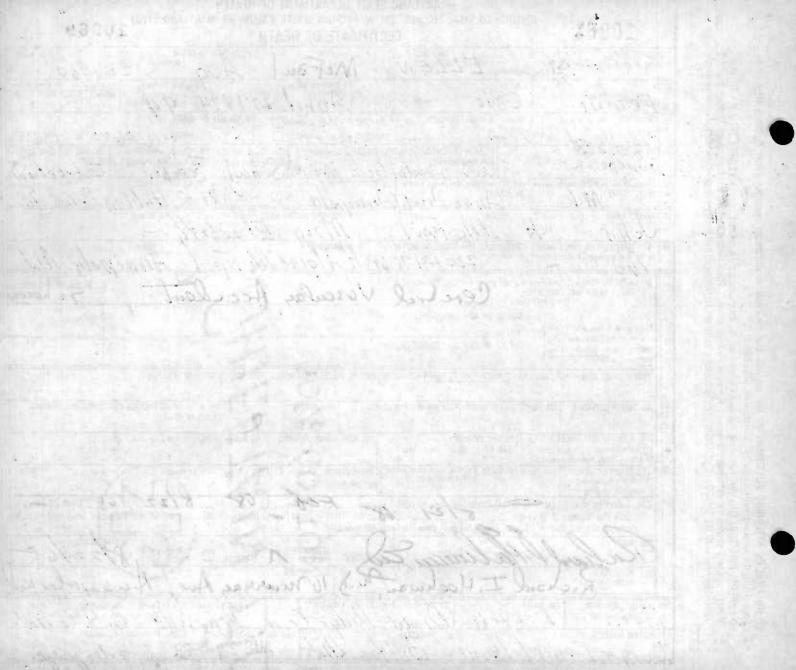
TORUL TOT -1-12 THEM FIRE WILLIAM ENGLISH THE PARTY is a first of the company of the com 89 - 6 - 60 W PIPUA Clayton Norten, M.D. 1-60 SER LIBERT BERLINE

1		10960 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	10968
e foneral		lost birthday)	Yeor 2b. HOUR A 1968 8:55 M IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ed within 24 haurs aft oletely filled in by the carban papers. Pages ent, within 72 haurs aft	caul	IRTHPLACE (Stote of foreign 7/b. CITIZEN OF WHAT COUNTRY? 8. MARPHED NEVER MARPHED 9. COUNTY OF DEATH	Dunty Md. 12b. KIND OF BUSINESS OR
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. The laws signed by the attending physician and campletely filled in by the faneral stacked far use as the burial-transit permit. Then place remave carban papers. Pages and Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after and the contraction of the contra	X 33	STATE 11. INAME OF IGNITION (IT IS IT IT IS IT	INDUSTRY Aven Ct
tate be executed sitian and camp leave remave and in any eve	16a.	ATHER'S NAME First Middle McClest Maiden Name First Middle McClest Maiden Name First Middle Mass Deceased Reer In U.S. DRMED FORCES? WAS DECEASED REER IN U.S. DRMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address	nortine
e death certific attending plys permit. Then p ian, ar removal,		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the d physician. signed by the atte burial-transit perr burial, crematian,		Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b). DUE TO, OR AS A CONSEQUENCE OF (c)	
4: The law requires ar attending physions the has been signed to see as the burial salth priar to burial	ATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 7.7.6 × 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONDITION FOR WHICH OPERATION WAS PERFORMED 10g. AUTOPSY?	ONSIDERED IN CERTIFYING
ital ar attending rigital ar attending rificate has been d far use as the at Health priar to	MEDICAL CERTIFICATION	YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF INJURY OCCURRED (Enter noture of injury in Parl 1 or Porl 2, 19 Porl 1, 19 P	Item 18.)
DING PHYSICIAI by the haspital After this certifica be detached fai State Dept. af He	ME	21d. INJURY OCCURRED While Not while of wark 12 le. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town of Wark 22a. I certify that (I) (this haspital) attended the deceased from 19 many of the deceased alive on 19 many of the deceased and that in (my) (ear) opinion death occurred an the deceased alive on 19 many of the deceased alive on 19 many of the deceased alive on 19 many of the deceased and that in (my) (ear) opinion death occurred an the deceased and the deceased alive on 19 many of the deceased and the deceased alive on 19 many of the deceased and the deceased and the deceased alive on 19 many of the deceased and the deceased alive on 19 many of the deceased and the deceased alive on 19 many of the deceased and the deceased alive on 19 many of the deceased and the deceased and the deceased alive on 19 many of the deceased and the deceased alive on 19 many of the deceased and the deceased alive on 19 many of the deceased alive on 19 many of the deceased and the deceased alive on 19 many of the deceased and the deceased alive on 19 many of the deceased alive of the deceased alive on 19 many of the deceased alive of the deceased	County State
OR ATTENDING be retained by th DIRECTOR: After a 3 shauld be d ed with the State		causes stated above, (1) (we) (did) (did nat) view the body after death.	DATE SIGNED
O HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	23a.	22d. PHYSICIAN'S NAME (Type) A YTON NORTON MD: 22e. ADDRESS BURIAY, CREMATION, 23b. DATE 23c. HAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 23d. LOCATION (City or Town)	ecc, A AGo had (Caunty) (State)
OF O	24.	FUNDRAL DIRECTOR SANDERSS Oh, DATE AUG 1 1968 REGISTRAR 1968	SIGNAURE Judge

ARIII CIAIE IIEUADI



		MARYLAND STATE DEPARTMENT OF HEALTH
		10965 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
er death. funerol 1 ond 2 ier death.		(CEASED-NAME ype or print) First FLLEN WEFOUL 2a. DATE OF DEATH Day Year Manth Day Year M
aurs after death by the funerol pours after death	3. SI	Teurse Caus S. Date of Birth 6. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. April 23 1874 6. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
aurs de po		SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARPHED 9. COUNTY OF DEATH
4 6 4	1	MARYLOUND USA WIDOWED DIVORCED ALLIA POLIS, ANNE ARUNDELMO.
within 24 within 24 within 24		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of Vorking (i.e. even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of Vorking (i.e. even if retired.) 12. KIND OF BUSINESS OR INDUSTRY 12. USUAL OCCUPATION (Kind of work done during most of Vorking (i.e. even if retired.)
complete control y event.	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 15c. STATE NO 12d. Point Rel
and and in ony	14.	ATHERS NAME First H Middle Mc Faul 19. MOTHER'S MAIDEN NAME First Middle Lost
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospital or attending physicion. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filted in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within the carbon pages.	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. UNFORMANT/ Address es, no. strong from the square of service) 220 44 78 69 17 A 1912 Mc - Sc. Address
ng p Thei		IR. CAUSE OF DEATH (Enter only one cause per-line for (a) (b) and (c))
he death ce s ottending permit. Th		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crewal Vasculary Accordent 72 horory
he d e off per tian,		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
the the nasit permating		nse to immediate cause (a), (b)
equires tho physicion. signed by buriol-tron buriol-tron buriol-tron		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF last.
quire ohys igne ourio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
law rending I been s s the tior to b	×	331X
The lavatend hos be se as the prior	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tror should be filed with the State Dept. of Health prior to buriol, createn.	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year P.M. 19
PHYSI he hosp this cer letache bept.	ME	21d. INJURY OCCURRED While Not while of twark of the work of the w
by the control of the		22g. certify that (1) (this hoursel) attended the deceased from Felle, 1968, to 8/27, 1968, that (1) (we) lost
TENE ined OR: A ould the		saw the deceased alive on 1960, and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated above, (1) (we) (did gat) view the body after deoth.
OR AT RECTOR 3 show of with displaying the state of the s		226. SIGNATURE ATTENDING MED. STAFF PHYS. 22c. DATE / GNED 27. DATE
		22d. PHYSICIAN'S NAME (Type) Clesial I. Hochman Re. 3 16 Michael Ave Annasoles had
O HOSPITAL Poge 4 moy O FUNERAL I director, pog should be fil	23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d OCATION (City or Jown) (County) (State)
VR A15 (4)	24.	PONERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
30M REV. 1/68	L	Burger Funeral Home Belto Med DATE AUG 27 1988 golianles ander



5045 PARTY OF THE SECTION Constitut Sept. 12 to Constitute & Clarest patricia Late the second of the second Server of the se The state of the s end die en aug einstelle gestellt auf der begrete bei der begrete gestellt der bestellt der best make on a vertice, that I let rette allow their to the AFP of St 1968. The state of the

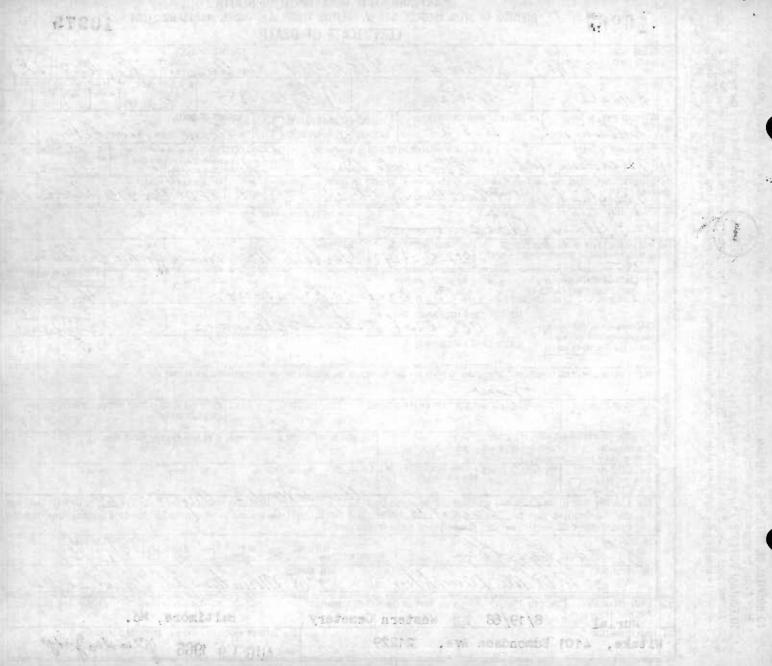
1		10963			DEPARIMENT OF I	IMORE, MARYLAND 21201	
	I	tem#6,FilmGh03			ATE OF DEATH		10971
eral garth.	Y. DE	CEASED-NAME Firs	t I	Aiddle	lost Miller	2a. DATE OF DEATH Manth Day	2b. HOUR 68 9:15a. M
after offer defer	3. SE	x Female	4. RACE White		5. DATE OF BIRTH 1889 (No	6. AGE (In years last birthday) 79 78 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
hours of the hours	7a. E	IRTHPLACE (State or foreign fry) Maryland	7b. CITIZEN OF WHAT COUN' USA	RY? 8. MARRIED WIDOWED	NEVER MARRIED	9. COUNTY OF DEATH Anne Arundel	
ecuted within 24 hours after deat completely filled in by the funeral rove carbon popers. Pages Land y event, within 72 hours affer deat	10. C	ITY OR TOWN OF DEATH Crownsville	11. NAME OF HO	SPITAL OR INSTITUTION (If r	at in haspital 12a. USU	AL OCCUPATION (Kind of work dane ast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
cuted vomplete	13a. admi	USUAL RESIDENCE (Where dece ssion) STATE Maryland	101 / COUNTY	ence before 13c. CITY OF	VEC 3 N	IMITS? 13e. STREET AND NUMBER Dentsville, N	Maryland
be execute and comp fremove in any eve	14. F	ATHER'S NAME First Will	Middle :	t. Clair	S. MOTHER'S MAIDEN NAME	First Middle Annie	Hancock
ficote		WAS DECEASED EVER IN U.S. AI		AL SECURITY NO 17.	WFORMANI OUOOUB Spital Record	Address Address Address	lowel and
Page 4 may be retained by the hospital or ottending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages and should be filed with the State Dept. of Health prior to burial, cremotion, or remove, and in any event, within 72 hours of the path.		Canditions, if any, which gave rise to immediate cause (a) stating the underlying couse last.	DIATE CAUSE (a) DUE TO, OR AS A CONS (b) Arter DUE TO, OR AS A CONS (c)	(b), and (c).) Bronchopne EQUENCE OF LOSCLETOTIC EQUENCE OF	eumonia cardio-vascu		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The law re offending has been se os the th prior to	CERTIFICATION	4221 19a. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a. AUTOPSY? YES \ NO \[\bigsty	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
SICIAN: spitol or ertificate ed for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, natify medical exar	HOUR A.M. Month	Day Year 19		er nature of injury in Part 1 ar Part 2,	Caunty State
IG PHY the ho r this cr detach te Dept	N.	Willie Holl Willie	e. PLACE OF INJURY (AT HOME, OFFICE BU				
TENDIN ined by OR: Afte ould be		saw the deceosed couses stated abo	alive on8/S ve, (I) (we) (did) (did po	ne deceased from	d that in (my) (our) op deoth.	3, to8/9, 196 inion deoth occurred on the do	te and hour ond from the
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retoined by the hospitol or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the Stote Dept. of Heal		226. PHYSICIAN'S	b Heard &	man, M.D.	ATTENDING PHYS. 22e. ADDRESS Crownsvil	MED. STAFF 22c. DIRECTOR X PHYS. 8,	19/68
Foge 4 OF FUN directed should	23a.		DATE 8/12/1968 2	Ft. Linco	crematory Ln Cemetery		(County) (State) eg,Maryland
VR A15 (4) 30M REV. 1 68	24. A	funeral director rehart Fune	ral Home,In	ADDRESS cLa Pla	ta, Md. DATE A	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE and Judges

1720 A LE TO THE THE PARTY OF the rate configurations become postices. with the wind and a file of the contract of th

57201 Carrious Virginia http://www.inipriv a grave, Abunga, com Control of the second of the s Essard S. Botk, J.D. Co. Co. 19 Franklin Sproot, Minnoulli, Paralland

67001						λ 5 ₄₀
2950 3190	i	16		(200)	T) I	
	ZelduyA na		4 to		7 -,	6. 20, C.F
		a time (L.)		denovaline)	J'n shadi.	D
	xXXX = 100		nhush	dal domen		
Have to		4.4	·;	io i	0.00	r ,
			, 11 . 354			
SANG Q						
X 120 U0	n and al	6917 F 2016 (1244	CEC (III.1.5)	20 *3*[*		LINE OF
.30 am a			The same			
				e single		
				in the second		
and the same			*** (-	torde patric	E ST. As cotty).	nota-ente

Frederick H. Jeuton fory Anno Count 105-73-3082 .rs. tedute I. Makon same as 13 hunted 24 Aug. 68 Clen Movem Momental Port Clen Darnie, AA, 18. Arking Tuner of Hone, Olen Surate, No.

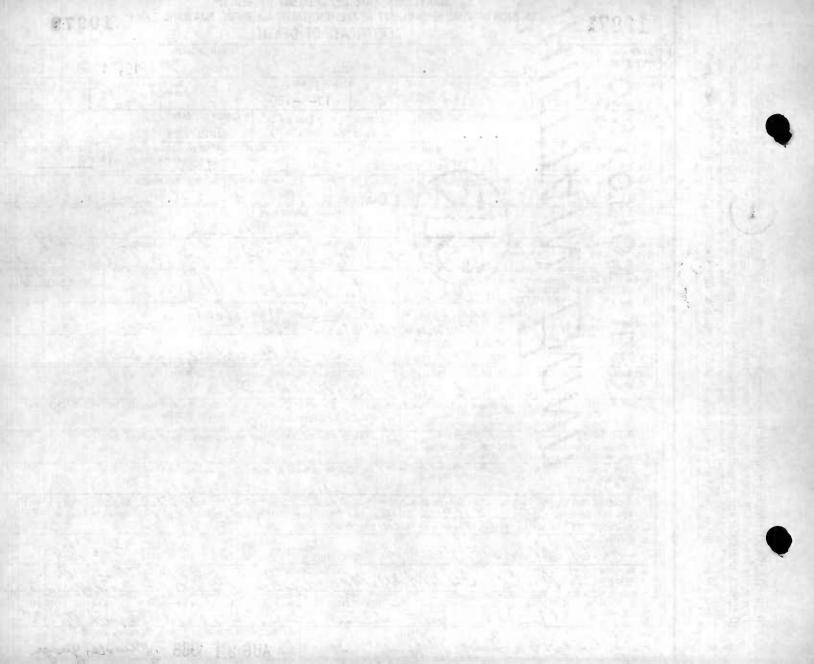


WIGOI NEW DOLLAR SENIEL NE			23042
10015 8061 812 Amma	idles 13	nyacisau	
45 KE 10 388 KE			
· · · · · · · · · · · · · · · · · · ·		. = 3	
	11023/		•
No. 1	winodpowit Is	or of the grant of	
ring with foregree with les		1-03-2.	
		und this tout	er oil
		und this tout	elf.cill .
			proje
			proje
22 89 Turnuk UI 38			proje
22 89 Turnuk UI 38			proje
Soft savgud et la 1919			proli

				To have		
A Carl	work form					
. we like		WELL HOT BURN	2 1 2 1 1 2 1	ridays, e		
Six noght 3			the restant	2		
SANGER AND RESERVED						
	-L.Watuno	•	115-	12 141 3-10	AVI TIMBE	
			100			
		22.5				
		TOTAL STATE				
		T CHARLES	The state of			
			1 1 5 1			
Labert Francisco	Automin 2 to Tile		The second second	A 100 Sept 1		70.55

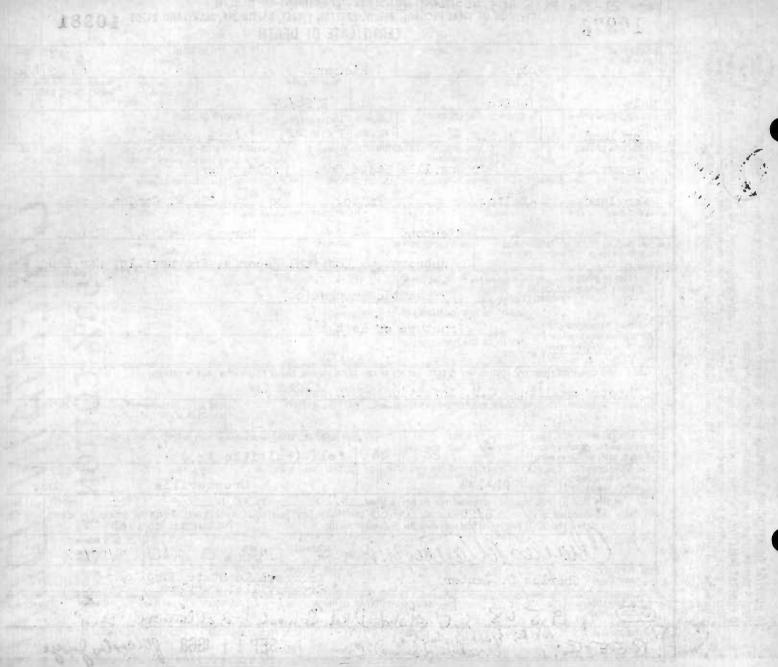
and Homely and the to the best that the state of t A CONTRACTOR OF THE ALLES DE CONTRA Apple States of Both and Carle

1		10971	DIVISION OF	VITAL RECORDS,	301 W. P	RESTON STR	EET, BALTI		YLAND 21201	1097	9
÷ -2÷		ECEASED-NAME First		Middle		Last		2a. DATE OF	DEATH		2b. HOUR
deoth. neral and 2	(Type ar print) Held	en	L.	R	lau		Augus	st Month 19ay	1968	2:05M
er fun	3. SI	X	4. RACE	13/2		S. DATE OF BIR	RTH		6. AGE (In years	IF UNOER 1 YEAR	IF UNOER 24 HRS.
to the second		Female	W	nite		11-5-	-1893		last birthday) 4 YRS.	MONTHS DAYS	HOURS MIN,
Si ACE			7b. CITIZEN OF WH		8. MARRIED I	NEVER MARR		9. COUNTY OF			
4 horizon	COU	Maryland	U.S.	Α.	WIDOWED			Anne	Arundel		Md.
executed within 24 hours after deoth decompletely filled in by the funeral smove corbon popers. Pages 1 Yand 3 ony event, within 72 hours per deoth	10. (CITY OR TOWN OF DEATH Gen Burnie Md	11. NA	ME OF HOSPITAL OR INS	stitution (if no	ot in hospitol	12o. USUA during mo	OCCUPATION	(Kind of wark done ife even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
l wil	13a.	USUAL RESIDENCE (Where decease			13c. CITY OR	TOWN II	3d. INSIDE CITY LIN		EET AND NUMBER		
executed with	adm	ission) STATE Maryland	13b. COUNTY A		Pasad	ena	YES NO	√ 1	st.&Main-	- Rt. 1	11 Box126
0 5- 0	14.	FATHER'S NAME First	Middle	lost	15	. MOTHER'S MAI	IDEN NAME FI	Tales	Middle		Lost
ertificate physician nen pleose		WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give wo	ED FORCES? r or dates of service)	16b. SOCIAL SECURITY	800 17 d	Mella	m Ka	2w - 4	1773 Be	Clevova	1 Sugar
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physicion. IRECTOR: After this certificate has been signed by the attending physician e 3 should be detached for use as the burial-transit permit. Then pleased with the State Dept. of Health priar to burial, cremation, or removal, once		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA)	BY: TE CAUSE (a)	e for (a), (b), and (c). CITEDIA S ACONSEQUENCE OF	e to	trom	low	7 (2)			MATE INTERVAL DISSET AND DEATH
hot the n. y the a onsit pe		Canditions, if any, which gove) rise to immediate cause (a), stating the underlying cause	(b)	Auture S A CONSEQUENCE OF	rclen	etic	NA	nt	distess		
quires that the physicion. signed by the burial-transit burial, cremot		last. PART 2. OTHER/SIGNIFICANT CONI	(c)	Pluj	hera	the terminal	nich	NAI C	deredu	6	
w requing plant signs of the property of the p	NO	4200 Valadned is soll antehning thesing									
The lay attend has be se as the prial	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOP	PSY?	CAUCEC	YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN C	ERTIFYING
G PHYSICIAN: The law requires the the hospital or attending physicion. This certificate has been signed by detached for use as the burial-troote Dept. of Health priar to burial, cre	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. P.M.	Month Day Year	,			nature of injury	in Port 1 or Part 2,	Item 18.)	
PHYS the hos this ce detoche	W	21d. INJURY OCCURRED 21e. I While Not while at wark	PLACE OF INJURY (AT HDME, FARM, STREET, FAI DEFICE BUILDING, ETC.	(TDRY.) 21f. LO	CATION Street	ar R.F.D. No.	City	ar Town	County	State
D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to		22a. I certify that (I) (this saw the deceased all causes stated above,	ve on(I) (we) (did) (nded the deceased did not) view the	ed fram 9 <i>&&</i> , and bddy ofter o	that in (my death.	, 19 <u>4</u> () (our) opir	oian death a	ccurred an the da	te and havr	
		22b. SIGNATURE	e buz	man	DEGR	11113.	A) DII	ED. RECTOR	STAFF D 22c.	DATE SIGNED	8
O HOSPITAL Page 4 may O FUNERAL I director, pog should be fil		22d. PMYSICIAN'S NAME (Type)	de	642Mn	D, M.	22e. ADDR	LEN	BUR	KIE!	md.	2/06/
TO HG Page TO FU direc	6	BURIAL, CREMATION 23b. D REMOVAL (Specify) 8	22/68	ADDRESS	alled	16	Pzu. 2Sa. REC'D BY	4310	N (City or Town)" OLA DIES 1 256. REGISTRAR'S	(County)	(State) (Md.
VR A15 (4) 30M REV. 1/68	24.	Volu & Cowart	Son Inc	- 90 H	elins -	0.	DATE AU		368 Kale		uge.



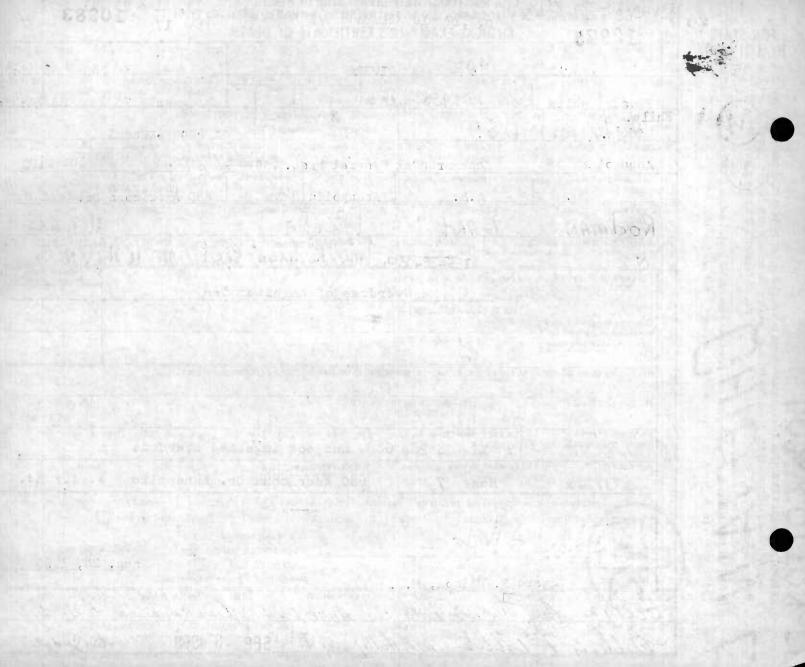
OF CASE the form the property of the state of the st Le Ostaria Charles The Control of the Control 1. Black Constant . The second many said the second

•	It	ems 21-22a Fi	1m 405 9-	_2@LARYLAN ITAL RECORDS,	D SIAIF	DEPARIME	ENI UF HEA	LIH	VIAND 212	01 -	0004	
		10973	DIVISION OF V	(CERTIFIC	CATE OF I	DEATH	inc, man	TEAND 212		0881	
ode of		CEASED-NAME First ype or print)	T . 3-	Middle	ъ.	Lost	2	o. DATE OF C	EATH Month	Day 28	Year 68	2b. HOUR
e de e	3. SE		John 4. RACE		K1	s. DATE OF BIR	RTH		6. AGE (In year	rs	IF UNDER 1 YEAR	2:450 M IF UNDER 24 HRS.
haurs after by the fact. Pages hours after		Male	White			1/28	/89		last birthdoy)	YRS.	MONTHS DAYS	HOURS MIN
9 0	70. E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARR		OUNTY OF I	DEATH			
y event, within 72 hc		Maryland	U.S.A		WIDOWED				rundel			Md.
within 06		TY OR TOWN OF DEATH Crownsville	give str Cro	NE OF HOSPITAL OR INS eet address) ownsville	State	Hos.	during most o				12b. KIND OF I	BUSINESS OR
i i	13a.	USUAL RESIDENCE (Where deceasion) STATE	ed lived, if institution	n: Residence befare	13c. CITY OF		3d. INSIDE CITY LIMITS?	13e. STRI	EET AND NUMB	ER		
30		Maryland	Balto.		Balt	0. 1	AEZ NO	312			Stree	
4	14. F	ATHER'S NAME First	Middle	Last		S. MOTHER'S MAI			Mid	die		Last
	160	WAS DECEASED EVER IN U.S. ARA	AED FORCES?	Richmond 6b. SOCIAL SECURITY I	NO. 117.	INFORMANT	Mar	cy	Addi	ress	Wrigh	t
		es, na, ar unknown) (If yes give v	var or dates of service)	unknow			1 Record	ds Cr	ownsvi	11e.	Marvl	and
		18. CAUSE OF DEATH (Enter an	ly one cause per line			повутии					APPROXIA	MATE INTERVAL NSET AND GEATH
		PART I. DEATH WAS CAUSE	D DV	Hyposta		eumonia						
E .		2509		A CONSEQUENCE OF	101113					- 12		
burial, cremarian, or removal, and in any		Canditions, if any, which gave nise to immediate cause (a),	(b)	Fracture	of le	ft hip		<u> </u>				3.171
		stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF								
		PART 2. OTHER SIGNIFICANT CO	(c)	NG TO DEATH BUT N	OT PELATED T	O THE TERMINAL	DISEASE OR COND	ITION GIVEN	IN PART 1(a)			
	-	Diabetes mell						THOM OTHER				
	CERTIFICATION		CONDITION FOR WHIC			20a. AUTOP				INGS CO	NSIDERED IN CE	RTIFYING
X	E E					YES 🗌	NO 🗌		OF DEATH?		Li=tudat	
		21 d. ACCIDENT WAS UNDERLY!		NJURY Month Day Year	21c. F		URRED (Enter not		in Part 1 ar P	ort 2, It	em 18.)	
	MEDICAL	414	ner) P.M.	Month Bay Yeor	9 68	Fell ((Multipl		•)		6. 1	State
	~	21d. INJURY OCCURRED While Not while at work 21e.	PLACE OF INJURY (OFFICE BUILDING, ETC.	211. [OCATION Street	or K.F.D. Na.	rowns	r Town		County	Md.
		22a Leertify that (1) (th	is hasnital) atter	ided the decease	ed fram	6/16	1965			190	8 that	
		22a. I certify that (I) (the saw the deceased of	live an 8/2	8 1	9.68, ar	d that in (my	/) (aur) apinia	n death a	ccurred an t	he dat	e and haur	and fram the
		causes stated abav	e, (I) (we) (did) (did)	did nat) view the	bady after	death.		Natu	ral ca		ATE SIGNED	
Sin one mean wall me		22b. SIGNATURE	les M	euler	Un Doeg	REE PHYS.	G MED.	TOR	STAFF PHYS.		129/68	
		22d. PHYSICIAN'S NAME (Type) Char	Les R. Ver	nter		22e ADDR Cro	wnsville wnsville	Stat	e Hospi yland	ital		
^	23a.	BURIAL (REMATION, 23b. REMOVAL (Specify)	DATE ()	23c. NAME OF		CREMATORY		d. LOCATION	(City or Town		(County)	(Stote)
R	24		5.68	ADBRESS	hel - V	Wed Ja	2Sa. REC'D BY RE		2Sb. REGIS	TRAR'S	SIGNATURE	
7	24.	REESE	8 h. brask	my ghan (3	200		DATE SEP 1	1 19	68 80	lian	las In	ege.



-	1				D STATE DEPARTM				0.0
		10076	DIVISION OF V				RE, MARYLAND 2120	1 109	82
		Thalk							
# 10 H		una or printl	1	Middle	lost	20.		Doy Year	2b. HOUR
deot		HE.			Kile	Y	7	13 68	52 M
E FIE	3. SE	X	4. RACE		S. DATE OF BI	RTH	6. AGE (In years		IF UNDER 24 HRS.
# Se		-	u	hits	2/3	25/02	66		THE STATE OF THE S
hours after death n by the Poerol s. Poerol and 3 hours after leath	70. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED NEVER MAR	RIED 9. CO	UNTY OF DEATH		
24 h ed in apers n 72 h	1	sath. Mit.			Epolis I	V 170			Md.
hin do	10. (CITY OR TOWN OF DEATH	give str	reet address)	TITUTION (If not in hospital				BUSINESS OR
1 Est	130.	USUAL RESIDENCE (Where deced	sed lived, if institutio	n: Residence befare	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	1	1
5 6 30	odm	ission) STATE Md.	138. COUNTY		Balto.	YES NO	1335 belove	El. #21	20%
and corremon nony	14.	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MA	AIDEN NAME First	Middl	0	Lost
be re re		CHARES		Buck	_	-			2b. HOUR 2b. HOUR ARR IF UNDER 24 HRS. AVS HOURS MIN. Md. OF BUSINESS OR Lost Constants interval EN OWSET AND DEATH
requires that the death certificate be executed physician. I signed by the attending physician and complete burial-transit permit. Then please remove to burial, cremation, or removal, and in any every						1. PREY	1		21483
cert g pł Then mov		18 CAUSE OF DEATH (Enter of	nly one rouse per line		/		1	APPROXI	
ath it. it.		PART I. DEATH WAS CAUS	ED BY:	Celt	Mentria	lan d	eilure	140	MASI AND DEATH
de de n'i o n' o		150 X IMMED		KONSEQUENCE DE	0 0 - 1 - 0	001	0 - 0 - 0	1	
the carried and the carried an) " /	ancil	ioma a	1000	thear,	Me	oute
hot n. yy ff ansi				A CONSEQUENCE OF	00	,0	Q.	1.	10
es t sicia ed t al-tr		last.) (c)	Jene	algel (encina	vator	100	myk_
quir phy: sign surio surio		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED TO THE TERMINAL	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
ng en he to t	N	150 x	Denera	en	artenule	in			
The low re ottending hos been se as the h prior to	SATIO	19a. DATE OF OPERATION 19t	. CONDITION FOR WHIC	H OPERATION WAS PER	RFORMED 20a. AUTO	PSY?		GS CONSIDERED IN C	ERTIFYING
	III.		/		YES 🔲	NO 🗌			
PHYSICIAN: e haspital ar nis certificate itoched for u Dept. of Heal		DR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Manth Day Year		URRED (Enter natu	re af injury in Part 1 or Pa	1 2, Item 18.)	
PHYSICIA he haspital this certifical letoched fo e Dept. of H	MED					t or R F D No	City or Town	County	Stote
PH he h his etoc Dep		While Nat while	(OFFICE BUILDING, ETC.		10, 00	0/10	10	
NG treet to the date of the date	10		his hospital) atter	nded the decease	d from 7/a	5/ 19/08	, to	19 60 that	(I) (we) last
OR ATTENDING be retained by the DIRECTOR: After is is 3 should be ded with the State		saw the deceased	alive an	(1/13)	9 6 d. ond that in (m	y) (aur) apinion	deoth occurred on th	e dote ond hour	ond from the
F S S S S S S S S S S S S S S S S S S S	П	22b. SIGNATURE		1			49.55	22c. DATE SIGNED	11
OR De r		100	1000	WO 4)	DEGREE PHYS.	DIRECTO	OR PHYS.	8/15/	68
TO HOSPITAL Page 4 may O FUNERAL director, pog should be fill		22d. PHYSICIAN'S NAME (Type)	XCF	RANK	22e. ADD	RESS 25 SE	Aitchie He	y Clen 15	we my
HOS ge 4 FUN ectro	23a.	BURIAL, CREMATION, 23b.				23d	LOCATION (City or Town)	(County)	(State)
5 5 5 g &	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1. DEFEASED-NAME (Type or print) 1. DEFEASED-NAME (Type or print	D.							
VR A15 (4)	24.	FUNERAL DIRECTOR	2 2	ADDRESS	10		(Y	AB'S SIGNATURE	adding.
30M REV. 1638	0	LIRICH FUNE	CAL HOME	, DALTO,	MD.	DATE AUG	1 9 19bg		0

1/2/1/	Jt 9-	ems 618-222 Film 404 MARTLAND STATE DEPARTMENT OF HEALTH I TOMB 13201 21 & 23 F	983 10/2/68
FOR STATE		10073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	20/2/00
HEALTH DEPT.		ECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Do	ay Year 2b. HOUR
Any delay is and 3 to		JOAN TITLE RIVERA DEATH MATED \(\text{ 8 2} \)	
elay nd 3 3. Po	3. S	lost birthday) MONTHS DAYS HOURS MIN. Month Day	Year 2d. HOUR &
2 4	Tal	Female White No. 17, 1938 2980 PRS. August 28	1968 11:35
-(\$/VC		try DV . TA. VA 11 C D	Md.
the section of the se	10. (TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20. USUAL OCCUPATION (Kind of work done 1/2)	b. KIND OF BUSINESS OR
0 0 7		Annapolis give street oddress Anna Arundel General Hoop. Secret was king life even if retired.	ngineering
s after de fond tong with the death.		TO CITY OF TOWN 124 HEIDS CITY HAVES	1 . W D
		Mu. A.A. Annapolis 680 Americona	Dr. NAN MA
is certificate should be executed within 24 hours e, writing the word "pending" in pencil in Item 16 forwarded to the Chief Medical Examiner's Office e used as o burial-transit permit. File pages 1 and 2 removal, and in ony event within 72 hours after d	14.	ROCMAN GARD Lost IS. MOTHER'S MAIDEN NAME First Middle Lost ZELA	Hug Hes
hin 24 ncil in 1 niner's (poges 1 hours (16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT James B. Bi vera ADDRESS 680. A	mericana Dr.
within pencil xamine ile pogo 72 hou	((es, na, or unknown) (If yes give war or dates of service) 755-28-065), MR/RULLINAN/GARLY//MT/AGNY	1/1/N/1/1
xecuted withding" in perfect of the football o		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medicol E. ansit permit. F event within		PART I. DEATH WAS CAUSED BY: Overdose of barbiturates	
ex f Mo f Mo sit p		DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave	
d be d "l Chie fran		rise to immediate cause (a), (b)	*
certificate should be e writing the word "per rwarded to the Chief P ssed as o burial-transit noval, and in ony even		stating the underlying cause DUE 10, UK AS A CONSEQUENCE OF	
ote signification of the second to and i		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifico ting ardec	Z.	970.2	
is certific te, writin forwards e used as removal,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
F = 0 0	ERTIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO NO
* 7 - 3	MEDICAL C	PRIMARY TO OR CONTRIBUTING 7 HOURAM. 8 28 19 68 Subject ingested overdose	10.9
a set set	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION, Street of R.F.D. No. City or Town	Caunty State
L EXAMecute the Poge 4 or your R: Poge R:		AT WORK LAT WORK LS	A. A. Md.
ICAL E executor. Polor. Polor. Polor. Polor. Ector.		22a. I certify that I took charge of the remains described abave, held an Autapsy 💢 Inspection 🗌, Inquiry 🗍,	and in my opinian
Se escrarante	16	death_resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
pleose directive tretoine or to b		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE 22b. DATE SIGNATURE	SNED
DITY, priy, Be pri		SIGNATURE	28, 1968
o DEPUTY DICAL EXAM necessory, pleose execute the funerol director. Poge 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, tawn, ar county)	
10 F	230	DORIAL (REMATION) 23b, DATE 31 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	(State)
	1	Olk	OURI. N.Y
VR A15ME (5)	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAR'S SIGNAR'	
10M REV. 1/68		William T- 1 while poplary 310, 40 part of 1000 for	



MARYLAND STATE DEPARTMENT OF HEALTH

				1
			r, Departs and	
	Noine	. my III		
			introduction of the state of th	ALO.
			anifolomics	
	en estae			
	n.tymisten		to:Tionol	her trans
			nogažene .	7000
. hit , framit , Insingolanou	mil a trevelik			
anticul, lands, entre			Tourist v. moss	
		TO NOT THE OWN		

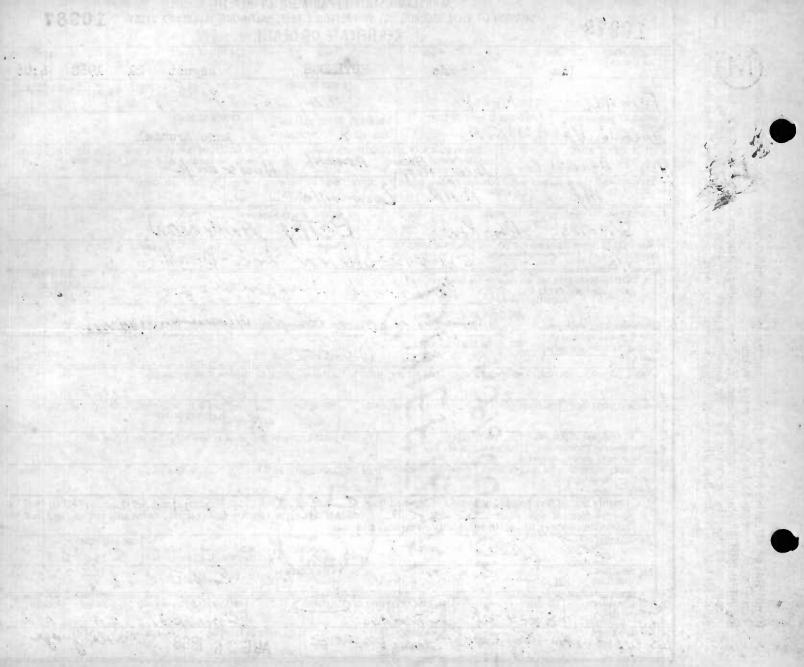
				NO STATE DEPARTMENT OF		
1		MUNDE	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	10985
		10977.		CERTIFICATE OF DEATH		
۸.	1 DF	CEASED-NAME First	Middle	C Last	2a. DATE OF DEATH	2b. HQUR
		one or print)	4	ROBERS	Manth Doy	Yeor
	0.05	MARY	11.015		0 01	IF UNDER 1 YEAR IF UNDER 24 HRS.
	3. SE	Female	4. RACE WHITE	S. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
ı		remale		10-27.	YRS.	
		IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	COUN	SHINGTON D.C.	U.S.	WIDOWED DIVORCED	ANNE ARUNDEL	CoseNty. Md.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If nat in haspital 120. US	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
7	6	en Buenie	HOSP, DIZ-GLEN	INSTITUTION (If not in haspital ACUNDOL CONVAL) during BUENIC CENTRE	mast of working life, even if retired.)	INDUSTRE
	13a.	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before	re 13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
1	admi	ssian) STATE MD.	13b. COUNTY	ANNA POLIS YES	NO 413 DULVALL	LANE
	14. F	ATHER'S NAME First	Middle Last		First Middle	D Last
Н		Rober	t CARI	eall cas	thereine X	livis
	16a.	WAS DECEASED EVER IN U.S. ARA			Address 413	DINDLI CANO
	Y	es, no, or unknown) (If yes give w	or or dates of service)	MRS. Homer	I. WILSON ANN	DUVALL CANE
1		In cause of pratti if	1		,	APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and D BY:	lastice Da	loi. Dec.	BETWEEN ONSET AND DEATH
		777 V IMMEDIA	ATE CAUSE (a)	our civas	fection	liours
			DUE TO, OR AS A CONSECUENCE	OF O. O. A.	in-lassi	Den.
		Conditions, if any, which gove rise to immediate cause (a),	(b)	ciacing wien	rucing	jeny
П		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	est.		Tree.
		last.	(c)	7 - 29		Jan
		PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(0)	
	N	787 X	Cellin all	0009		
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	TIF			YES NO [P CAUSES OF BEATHS	
	-	21a. ACCIDENT WAS UNDERLYIN			ter nature of injury in Part 1 or Port 2,	Item 18.)
١	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	19		
	ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street of R.F.D. I	No. City or Town /	County State
1		While Nat while at wark of work	OFFICE BUILDING, ETC.	2/20	60 0/0x	68
	100	22a. I certify that (1) (th	is haspital) attended the dece	ased fragn, 19	9, to 0/2 , 19	that (1) (we) last
		saw the deceased a	live on // Ty	_19(and that in (my) (aur) a	pinian death accurred an the d	ate and haur and fram the
			e, (I) (we) (did) (did not) view th	ne bady atter death.		2477 4101172
		22b. SIGNATURE	6 01.10110	ATTENDING	MED. STAFF	DATE SIGNED
		1009	Jewil V	DEGREE PHYS.	DIRECTOR L PHYS. L 8	14/64
		22d. PHYSI(IAN'S NAME (Type)	av c clas	22e. ADDRESS	E A Hel W	den there
	1	MARIE (18he)	Tr C 1-12/710	11 7 7 7	c jujan ar	y uprous
	230.	BURIAL, CREMATION, 23b.	DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. (OCATION (City or Town)	(County) (State)
		Bureal (Specify) 8	128/1968 Ce	elas All	Julland	, rua
	24.	FUNERAL DIRECTOR	7 3 (0 0 3 ADDR	ESS Ha I + NW 250. REC'T	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
		ww lalla	will work!	DATE AL	1629 1968 you	when Judge

4320 hours purchase the content of the first of the property of the content of th A R. A. C.

		1			NU STATE DEPART				
4	<u></u>		10978	DIVISION OF VITAL RECORDS	CERTIFICATE OF	TREET, BALTIMORI F DEATH	, MARYLAND 21201	1098	6
1	4 2 ·			irst Middle	Lost	20. [DATE OF DEATH		2b. HOUR P
130	death and 2	1	Type or print)	se	ROSENBLU	M A	igust Month 6,	oy 1968°	10:55
7		315		4. RACE	S. DATE OF	CIPTU	/ ACE /I	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	y the fr		Female	White	Augu	DLIT 2 TO	last birthday)	MONTHS DAYS	HOURS MIN.
	Par Par	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	17/	11111111111	NTY OF DEATH		
	PHYSICIAN: The law requires that the death certificate be executed within 24 haurs— e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the stacked far use as the burial-transit permit. Then please remave carbon papers. Pag Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs		ntry)	Lxixthuxarxivax U.S	8. MARRIED NÉVÉR M. A WIDOWED DIV	AKKIEU	ne Arundel		***
	24 ape ape	10	Lithuania CITY OR TOWN OF DEATH		NSTITUTION (If not in hospital		PATION (Kind of work done	12b. KIND OF E	Md.
	量 単質	2 10.		ANNE ARUNDE	L GENERAL	during most of w	orking life, even if retired.) SEWIFE		
	ed withir	120	ANNAPOLIS			13d, INSIDE CITY LIMITS?	SEWIFE 13e. STREET AND NUMBER	AI HUN	NE
	implet ve carl event,	odn	nission) STATE	leosed lived, if institution: Residence befor		YES NO	1055 NORMAN 1	OPTUE	
	can	14	MARYLAN	ID SOLCON ANNE ARUNDE				UKIVE	
	ex pure und	14.	FATHER'S NAME First	Middle Lost		MAIDEN NAME First	Middle	12.11	Lost
	on on one of the ordinary		NATHAN	STE1NBE		MOLLI		KA	PLAN
	cate sicic plea plea , ar	160	. WAS DECEASED EVER IN U.S Yes, no, or unknown) (If yes g	ARMED FORCES? 16b. SOCIAL SECURIT			Address		20110 110
	equires that the death certificate be exec physician. signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any		Yes, no, or unknown) (If yes g		MRS. MII	RIAM LEGUM,	3 STEWART AVI		POLIS, MU
	I The			only one couse per line for (o), (b), and ((3)	7 10 1		BETWEEN ON	NSET AND DEATH
	ar re		PART I. DEATH WAS CAI	EDIATE CAUSE (o)	reculeu p	bellatri		10	min
	atte atte		4109	DUE TO, OR AS A CONSEQUENCE (OF 10,	1.	10		
	the the		Conditions, if ony, which go rise to immediate cause (c	ve) (b)	acust n	regerardice	ufurction	152	men -
	by by ranger		stoting the underlying cou)F	/	0		
	sicio ed al-ti		lost.	_) _(c)					
	phy phy sign suri		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(o)		
	ng en sen sen stot	2	4201						
	The law requires the attending physician has been signed by as as the burial-traft hariar to burial, cre	CERTIFICATION	190. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20o. AU	TOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
	r afte e has use a alth p				YES [NO 🔀	CAUSES OF DEATH?		
	ar ar use ealt		210. ACCIDENT WAS UNDER			OCCURRED (Enter noture	of injury in Port 1 or Port 2	?, Item 18.)	477
	CIAN ital cal iffical far of He	ICAL	OR CONTRIBUTING CAUSE OF (If either, notify medical exc		or 19				
	NL OR ATTENDING PHYSICIAN: The law ray be retained by the haspital ar attending L DIRECTOR: After this certificate has been age 3 shauld be detached far use as the filed with the State Dept. of Health priar to	MEDI	21d INJURY OCCURRED 13		FACTORY,) 21f. LOCATION St	reet or R.F.D. No.	City or Town	County	Stote
			While Not while ot work	OFFICE BUILDING, ETC.			0/	Ch	
	by the free the be de	4	22a. certify that (1)	(this haspital) attended the deced	sed from	1962,	ta_ 2/6,1	9-1, that	(I) (we) last
	d b d b d b d b d b d b		saw he deceased	alive an	_19, and that in (my) (aur) apinian o	leath accurred an the c	date and haur o	and fram the
	OR ATTENI be retained DIRECTOR: A JE 3 shauld ed with the		causes stated ab	ave, (I) (we) (did) (did not) view th	e bady after death.			7	
	witi W		22b. SIGNATURE	00-17.0	ATTEN	DING MED.	STAFF	c. DATE SIGNED	(12.
	o e p p p p p p p p p p p p p p p p p p		Lica	al o asa	DEGREE PHYS.	DIRECTOR	PHYS.	8/11	-
	AL AL Po po e fi		22d. PHYSICIAN'S NAME (Type)	1 IN Deede M	777	DDRESS 121 Ca	thedral Stree	et Annanc	lis Md
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far u shauld be filed with the State Dept. of Healt		RIC	hard N. Peeler, M.					
	FU irec	230			F CEMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(Stote)
	5 5 5 s				W FRIENDSHIP		LTIMORE, MAR		
	VR A15 (4)	24	FUNERAL DIRECTOR	ADDRE	SCIUMIN DUND	2So. REC'D BY REGIS	TRAR 1968 REGISERAR	area las	del.
	30M REV. 168	2	UL LEVINSON &	BROS., 6010 REISTER	STOWN KORD	DATE AUG 3	1040		0
	1 1								

93301				ha inga
a, teete Tursal				Rose
	18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	.∋ogu∧	er (nu	Funcia
	, - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			erocumi(2
100	Эншалы	1499435		
A STATE OF STATE OF	Otton 2161 2 - Di	ASWARDETS	inverio and	2
			LAW STE	14.11.12
W. STATEMENT TO	THA STY CIT MAIL	A3501 .280		
		an ym glik		
est, kimado il altin	nas idremant (Si		IL. Pooler, K. L	redeia
				o.,,,

2	MARYLAND STATE DEPARTMENT OF HEALTH							
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10987						
	CERTIFICATE OF DEATH							
=24.43	DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOURA						
g V g g g	Type or print) Ida: Mae RUTLEDGE August 210	oy 1968 4:06 M						
\$ 15 m	EX 4. RACE , S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR						
urs afte y the Pages urs afte	Female Negro MAY 25, 1890 lost bjirthdgy) YRS	MONTHS DAYS HOURS MIN						
nours or by the s. Pags haurs	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH							
	TANOVER, VA. U.S. A WIDOWED X DIVORCED Anne Arundel	Md.						
0.5	CITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION (If not in hospital, 120, USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR						
/c = + ma	NNE ARUNDEL Co. give street address) ANNE ARUNDEL during most of working life even if retired.)	INDUSTRY						
	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER							
campet campe carry y event,	nission) STATE Md 13b. COUNTY A. AR. LARWAVI/e YES NO							
and cam remave in any ev	FATHER'S NAME First Middle Last IS. MATHER'S MAIDEN NAME First Middle	Last						
be and	Somes Rycker BETIN ANDERSON							
ertificate be physician c ien please oval, and ii	1. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Address 18. Address							
fific hys n p val,	Yes, no, ar unknown) (If yes give wor or dates of service) 577-164503-DHe/eN Lee - DAught.							
cer The The	18. CAUSE OF DEATH (Enter only one cause per line for (a) / (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
ndir nit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	2 days						
afte errr on, o	4120 DUE TO, OR, AS A/CONSEQUENCE OF							
the particular the pa	(anditions, if any, which gave)	rices						
thai an. by trans	rise to immediate couse (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF							
sicic sicic ed al-t	last. (c) where							
PHYSICIAN: The law requires that the death certificate be executed to haspital ar attending physician. This certificate has been signed by the attending physician and cample this certificate has been signed by the attending physician and cample stached far use as the burial-transit permit. Then please remave compets af Health priar to burial, cremation, ar removal, and in any even	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
ing he to	443 X							
ICIAN: The law repital ar attending rificate has been of far use as the af Health priar to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INVIERY 121c. HOW INVIERY OCCURRED. (Enter nature of injury in Port 1 or Part 2	CONSIDERED IN CERTIFYING						
ir affer attended by the sale of the sale	YES NO X							
AN: al ar icate far u Hea	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2)	, Item 18.)						
af f	(If either, notify medical examiner) P.M. 19							
S PHYSIC the haspi this cert detached	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. City or Town	County State						
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifical e 3 shauld be detached fa ed with the State Dept. af H	While Not while at wark of wark of wark							
by the Affer the be de State	22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an incompany and that in (my) (our) apinian death accurred an the deceased fram the deceased slive and that in (my) (our) apinian death accurred an the deceased fram the dece	9, that (I) (we) last						
R: A	causes stated abave, (1) (we) (did) (did nat) view the bady after death.	iare and naur ond fram me						
OR ATTENDING be retained by the INRECTOR: After the 3 shauld be do	22b. SIGNATURE 22c	c. DATE SIGNED						
AL OR ATTENI y be retained L DIRECTOR: A age 3 shauld filed with the	DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	S-2160						
AL Day by	22d. PHYSICIAN'S 22e. ADDRESS 2	1 5						
Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	NAME (Type) A T Bhata 62 Chinesia	14						
O HOSPI Page 4 m O FUNER director, shauld b	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY) 23d. LOCATION (City or Town)	(County) (State)						
5 5 5 p x	REMOVAL (Specify) 8-24-68 St. Anns Bringpolis	A.A Md						
VR A15 (4) 30M REV. 1/68	5. Washington - Sons 4925 Denne Aur N.E. 250. REC'D BY REGISTRAR 1968 PERSONAL PROPERTY AUG 26 1968	S SIGNATURE I MAGE						
30M REV. 1/68	S. Washington - son's 4925 Jenne Hur N.E. DATE AUG 2 6 1968 f	0						



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10988 CERTIFICATE OF DEATH								
(Iy)	EASED-NAME First JOHN	Middle CHARLES	Lost SCHINDLER	20. DATE OF DEATH AUGUST Doy	2b. Hour 1968 8:501				
	MALE	4. RACE CAUCASIAN	S. DATE OF BIRTH NOVEMBER 24.	6. AGE (In years last birthday) 42 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
countr	n) Mod		DOWED DIVORCED	9. COUNTY OF DEATH ANNE ARUNDEL	Md				
10. CIT ALN 130. U admiss 14. FA	TY OR TOWN OF DEATH		LIS, MD. during m	AL OCCUPATION (Kind of work done ast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY				
admiss	sion) SIATE MARYLAND	ANNE ARUNDEL SET	ERNA PARK	1300 NORTH					
2 7/2 1	THER'S NAME First	Middle Lyst CED FORCES? HOD SOCIAL SECURITY NO.	IS. MOTHER'S MADEN NAME IN	Celler	bar				
lovo les	WAS DECEASED EVER IN U.S. ARM	Topics of society	Faa Se	elin Aldress Address	APPROXIMATE INTERVAL				
	PART I. DEATH WAS CAUSED	y one cause per line for (o), (b), ond (c).) BY: TE CAUSE (a)	ragic Kincs	Patitis	BETWEEN ONSET AND DEATH ONE WEEK				
I I	Conditions, if ony, which gave rise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF (b)							
s le	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF (c) OITIONS CONTRIBUTING TO DEATH BUT NOT RE	ATED TO THE VENUENAL DISSESS OF OR	CAMPIATION ON THE BURY AT A					
	5870	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RE		20b. IF YES, WERE FINDINGS CO	ONCIDENT IN CENTICVING				
XIE	210. ACCIDENT WAS UNDERLYING		YES NO	CAUSES OF DEATH?					
DICAL	or contributing cause of GEATH If either, notify medical examine	HOUR A.M. Month Day Yeor P.M. 19		r nature of injury in Port 1 ar Part 2, 1					
0	at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,)	DEW MARKETON		County Stote				
	saw the deceased al	s haspital) attended the deceased frive an AUGUST 7 1968 (I) (we) (djd) (did not) view the bady	and that in (my) (aur) api	nian death accurred an the da	te and haur and fram the				
o o o o o	22b. SIGNATURE	y John buglily	DEGREE PHYS.	TED CTAFF	DATE SIGNED GUST 7, 1968				
9 0		WHN COUGHTAN, LT USI		pital, Annapolis,	, Maryland				
10.25	BURGAL, CREMATION: 23h D	17-68 Arlingt	on National Aug	23d. LOCATION (City or Town) Arlington	(County) (Stote) Virginia				
15 (4) V. 1/68	Werna Park Fund	Ritomise H		8-68 25b. POSTRAR'S	SIGNATURE				

REDUCTION OF THE PROPERTY OF T think at teaming the last level they bear to the deal to the second to the second to uhigain nesentat nesentat Primi antiguita, nesentat mendistrativa yesinta dassila

.0		MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOD CTATE			1989
FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle A lost	
HEALTH DEPT.	1. 0	Type or Print)	
ay is 3 ta Page fnt af	0.6	Terris Death mated Upon	8 1964 12 pm
delay med 3 M3. Page	3. S	A T Local District MONTHS DAVE MONTHS MINI	2d. HOUR
E ME S	7.	1 W 11-9-69 3 YRS	6 8 19 13 0 M
- J- J-	coun	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
for for	10 (WIDOWED DIVORCED 120. USUAL OCCUPATION (Kind of work done 12b	Md.
deat deat with with	ID.	give states address) during most of working life even if retired) IND	DUSTRY
er c sive ng v h th	130	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 713d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
hours after death. tem 18. Give Pages Office alang with far and 2 with the State		dmission) STATE 13b. COUNTY A ANNARY S YES NO 10 10 2 Skenur	ed St.
hours after death. Item 18. Give Pages 1 Office along with fary land 2 with the State D after death.	14.	FATHER'S NAME First Middle Lost Lost S. MOTHER'S MAIDEN NAME First Middle	Cost
15 8 5 12 N	140	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Trout
7 0 8 0 0		WAS DECEASED FUNK IN U.S. ARMED FORCES? (es, no prunktrown) (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT School ADDRESS ADDRESS ADDRESS	· alm
te shauld be executed will the ward "pending" unper to the Chief Medical Extra a burial-transit permit. File and in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed ward "pending" six the Chief Medical E. urial-transit permit. Fin any event within		PART I. DEATH WAS CAUSED BY: Head in yeary (Cerebral Laceration	ImmediaTe
exe endi Me t pe		814, 7 DUE TO, OR AS A CONSEQUENCE OF	
be 'p hief		conditions, if only, which gove is to immediate course (o), (b) is to immediate course (o),	
rard rard se C al-tr		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho e w o th burni		lost. (c)	
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
his certifica ate, writing e farwarde be used as	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
fair fair fair fair	TIFIC	WAS PERFORMED?	YES NO
Th ifica ifica if be Id b	CER	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1	18.)
XAMINER: te the certified to the certified of the certified of the certified of the certified of the cremation,	MEDICAL	PRIMARY DOR CONTRIBUTING [HOUR AM & 750 19 68 Struck by auto (accident	ral)
WIN the the mat mat	ME	fortony office building etc.)	ounty Stote
L EXAM ecute th Page 4 or yaur R: Page		AT WORK AT WORK OF SCAN WATER COVE Christy of Ga	lig
ICAL E executor. Page for CTOR: burial,		220. I certify that I took charge of the remains described abave, held an Autopsy 🔲, Inspection 📐 Inquiry 🔯,	ond in my opinion
DEPUTY SICAL EXAMINER: T cessary, please execute the certifice e funeral directar. Page 4 shauld b may be retained far yaur files. FUNERAL DIRECTOR: Page 3 should calth priar to burial, crematian, or	100	death resulted fram: Natural causes 🔲 , Accident 🔯 Suicide 🔲 , Homicide 🔲 , Undetermined monner 🔲	
please I direct retaine DIREC	98	CHIEF MEDICAL EXAMINER	No. of the last of
JIY blease eral director be retained RAL DIRECT		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	VED 8711/2
PU ssar une une y b NER		EXAMINER'S S. BORSSICK M. DEPUTY MEDICAL EXAMINER PARTY CONTROLL STATES FROME.	0/4/68
o DEPUTY necessary, F the funeral 5 may be n 0 FUNERAL Health price		Ol mi	ALL VOLT
10 To the Head of	230	DEPTAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (Col	unty) (Stole)
	24	FUNERAL DIRECTOR / ADDRESS / 1250. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	VATURE
VR A15ME [5]	1	Sheet I Sanger Serene Ph 1 Date AUG 1 4 1988 plus	las Judge
10M REV. 1/68	4	Just 21 rounding, sperior of the part 1000 f	0 0

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

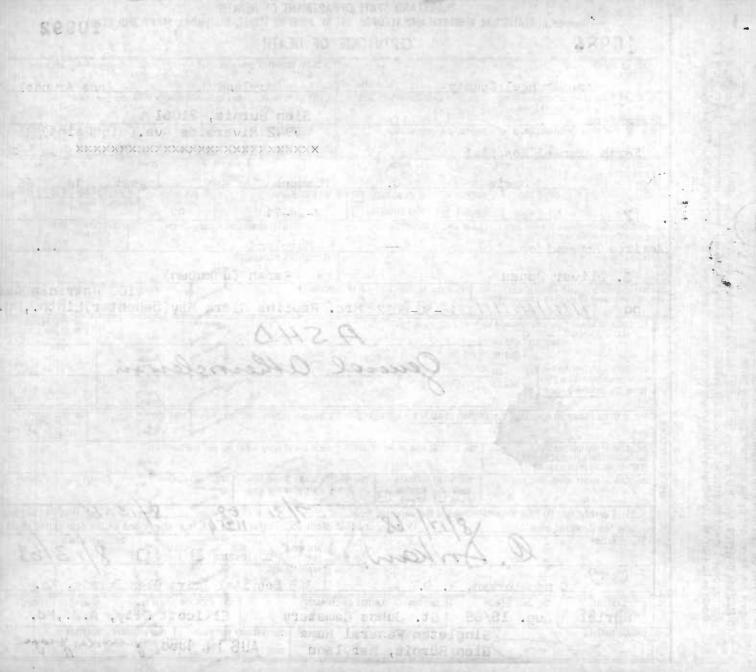
		TARR	6		CERTIFICAT	E OF DEATH	1	0990				
	1.	PLACE OF DEATI	1				CE (Where deceased lived, If institution	: Residence before admission)				
			me Arundel		MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel						
		b. CITY OR TOW	N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		Brookly	n Park	····/	Years	Brooklyn						
					ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
0		5725 F	ranklin St.			5725 Franklin St. YES NO A						
2	3.	NAME OF DECEASED		irst	Middle	Last	4. DATE Month	Day Year				
1		(Type or print)	JOSEPH			ECOURA	DEATH August					
		SEX	6. COLOR OR RACE 7. MARRIED		NEVER MARRIED	8. DATE OF BIRTH	last birthday) Month	ER 1 YEAR F UNDER 24 HRS.				
		Male	White WIDOWED [Oct. 20, 19	903 04 yrs.					
	10a dur	I. USUAL OCCUPAT Ing most of work	ION (Give kind of work ing life, even if retire	done 10b. H	(IND OF BUSINESS OR INDUSTRY			COUNTRY?				
	10		inist	Sh	ip Building		Bay, A. A. Co., Md	. U.S.				
	13.	FATHER'S NAM				14. MOTHER'S MAII						
1	16	John J. Secoura Anton Pollack 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address										
	(Ye	s, no, or unkown)	(If yes give war or dates	of service)								
		No	OFATO FF-1			rs. Bessie	G. Secoura Same	INTERVAL BETWEEN				
					line for (a), (b), and (c).]	20 0		ONSET AND DEATH				
		///	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) uc	ill Coronary	1 shim	nes	- Mr				
		Conditions, If any, which \ (b) Mass or did Infant.										
		gave rise to immediate										
		cause (a), stating the DUE TO underlying cause last. (c) Asternsoclerate Rollmanular Desease										
	NOI		SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?				
2	CERTIFICATION	4201						YES NO X				
	TIF	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of Injury in Part I or Part II of Item	18.)				
	CER	(IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)								
	CAL		INJURY Month, Day,	Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fory, street, office bldg.,		County) (State)				
	MEDICAL	Hour a.i		While at wor	Not while	/	/					
		21. I certif	y that (I) (this hos	pitel) attend	ded the deceased from \mathcal{G}		1967, to 8/25, 19	68, that (I) (we) last				
			ceased alive on	8/2/6	19G&, and tha	t death occurred at	AM, from the causes and or					
		22a. SIGNATU	16-	1 /	dell.	ATTENDING	ATTE	DATE SIGNED				
			mano)	6	M.C. M.I		DIRECTOR PHYS. Au	g. 26, 1968				
1		22c. PHYSICIA NAME (T		io J.	Reda M.D.		hie Hw y. Balto. I	Md. 21225				
	23a			THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, town or					
		REMOVAL (SP Burial	ecify) Aug 2	8. 196	8 Holy Cross Co	emeterv	Ritchie Hwy. A.	A. Co., Md.				
	24	. FUNERAL DIR	ECTOR		ADDRESS	7 25a. RE	EC'D BY REGISTRAR 25%. REGISTR	AR'S SIGNATURE				
		George	J. Gonce L	1001 Ri	tchie Hwy. (212	225) DATE A	10630 1968 july	arla Judge				

11921 Jebreyl sank The marketing restriction Cinc Panalellan St. 68 - Paring a proper of the proper of the proper of THE PROPERTY OF THE PARTY OF TH the bridge of the beautiful beautiful to be the beautiful to be th Vote decorps | Agroup 210-07-377 Firs. Bessig . Seports . Sept Hard de Charles Comment of the Comme ATTOCKED AND THE PROPERTY OF T The state of the office of the state of the Spores of. Sense Local streets Ray. (21225) AUG Ju De3

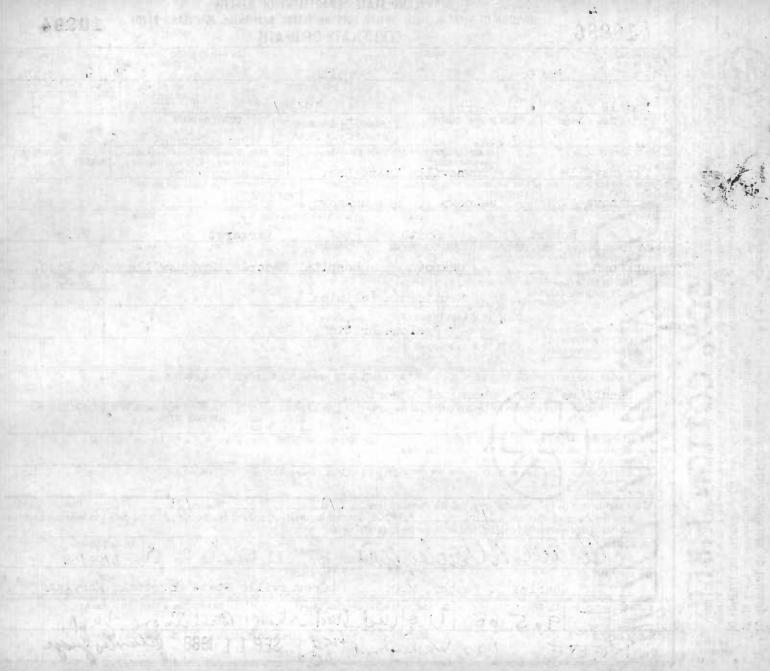
MARYLAND STATE DEPARTMENT OF HEALTH

10991 TO STATE OF STA the state of the circulation of the state of ungika nikya utaus darita, arang lim karahadin nariga jiga 128 m anihi i tur Typing Uniview + one say high the super transfer the super selected to the super selecte

.1			Division of STATIS	TICAL RESEA	MARYL ARCH AN	AND STATE ND RECORDS,	DEP. 301	ARTMENT OF I W. PRESTON ST	HEALTH REET, BAI	TIMORE, MA	ARYLAND :	21201 0	0.0				
		098						OF DEATH				T 0 0	32				
and 2	1. PLACE OF DEATH o. COUNTY Anne Arundel County					MARYLANI		2. USUAL RESIDENCE o. STATE	(Where dec	b.	COUNTY		11/2/				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena				c. LENGT	TH OF STAY IN 16		c. CITY OR TOWN (If	outside corp	orote limits, write, 2106	Anne Amindel rite RURAL ond give nearest town)						
4	d. NAM	E OF HOSPITA	AL OR INSTITUTION (If n	MITTER TO	give street	Life oddress)		d. STREETHOUSES	River	side A	ve.(Hi		OH WINKING				
2	3. NAME DECEA	OF	rundel Hos Fi Sus	rst		Middle		Lost	4. DAT OF DEA	E	Month	Doy	Year				
1	S. SEX	p pinit)	6. COLOR OR RACE	7. MARRIED WIDOWED	□ NE	VER MARRIED DIVORCED	8.	Simmons DATE OF BIRTH 4-26-71	DEA	9. AGE (In year lost birthdo	ογ) Month		19 68 IF UNDER 24 HRS Hours Min.				
	during mo:	t of working	White (Give kind of work done life, even if retired)					11. BIRTHPLACE (Coun	yrs. 12	12. CITIZEN OF WHAT COUNTRY?							
	13. FATHE	R'S NAME	usewife					Maryland U.S. 14. MOTHER'S MAIDEN NAME Sarah (unknown)									
	15. WAS	DECEASED EVE runknown)	iver Jones R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service)	SOCIAL SEC			FORMANT Pauline			Add#100						
		AUSE OF DE	ATH (Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE	use per line for			9	SHD				INTE	RVAL BETWEEN ET AND DEATH				
		tions, if ony,	which gove)		0	ruen	el	ath	ero	rcler	osis	3 34					
	stotin lost.	g the under	lying couse	(c)	0												
X	PART #	00	GNIFICANT CONDITIONS (<u> </u>							1547		WAS AUTOPSY PERFORMED? S NO				
	OR CO	ONTRIBUTING THER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					nter noture of injury i									
		Hour o.n p.n	n. 19	While ot wor	k L ot	While work	foctor	OF INJURY (Home, fo y, street, office bldg., et	(c.)		vn)	(County)	(Stote)				
	5		fy that (I) (this ho	spital) atten	ded the	deceased fra 19.66, and	m that	death accurred	19 <u>68</u>			n the date DATE SIGNE					
		PHYSICIAN'S	10	A	NK	and,	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTO	STAFF PHYS.		8/1.	3/68				
1		NAME (Type	Cenap Do			AME OF CEMETER	Y OP CP	325 Hos	-	Drive (urnie,					
	REM	HAL Specific	Aug.	16/68	St.	Johns POR Siner	Cer	metery		llicott	City,	A.A.	,Md.				
6	X	WAL	ngleton	-		nie. Ma		and DATE	AUG 1	6 1968	fin	arles	Judge.				



Making Anna 1 Balling of Atlanta Anna A

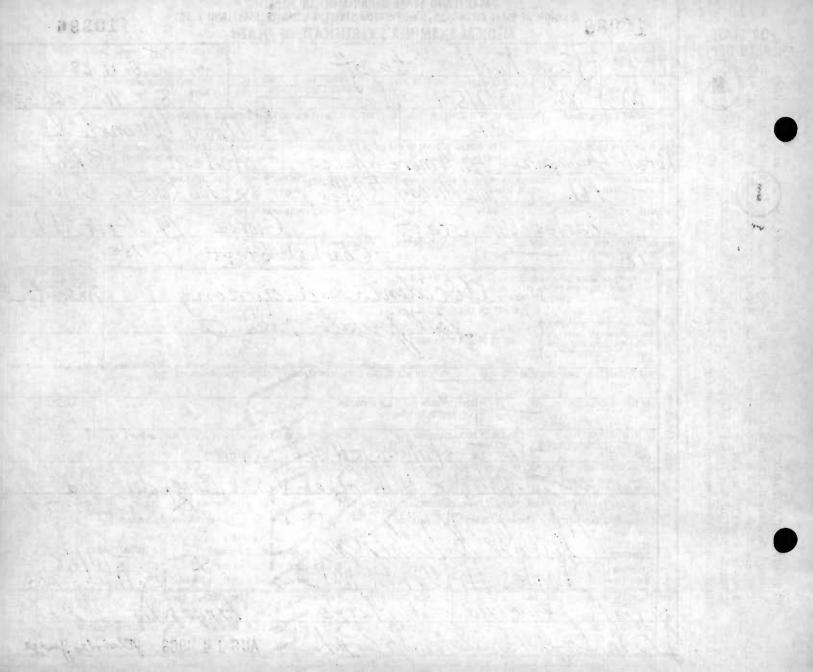


. 01	1	40004	MARYLANI	STATE DEPARTMENT	OF HEALTH	001
1/2		10987	DIVISION OF VITAL RECORDS, :	BERTIFICATE OF DEA	BALTIMORE, MARYLAND 21	201 10995
۲.5	1. DI	CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR P
Page 4 may be retained by the haspital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 50 the funeral director, page 3 shauld be detached far use as the burial-transit permit. Nen please remove carban papers pages 1 and 2 shauld be distanced for use as the burial crematian, ar removar, and in any event, within 72 mass litter death.	(1	Ype or print) Richar	d	SMOTHERS	August	Day Year
fun 1	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (In ye	OTS IF UNDER 1 YEAR IF UNDER 24 HRS.
S S T		Male	Negro	March 15	, 1906 last birthda	YRS. MONTHS GAYS HOURS MIN.
	7a. l	BIRTHPLACE (State or fareign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		Maryland	United States		Anne Arunde	
n any event, within	10. 0		11. NAME OF HOSPITAL OR INST	TITUTION (If nat in haspital	a. USUAL OCCUPATION (Kind of working most of working life even if re	k dane 12b. KIND OF BUSINESS OR
₹53				General Hosp.	ning most of working me, even if re	miled.)
event,	adm	ssion) STATE	lived, if institution: Residence befare	13C Jeff Y UK TUWN 13d. INS	IDE CITY LIMITS? [13e. STREET AND NUN	kno bure
	14.	AVIER SNAME FIRST	Modele Cost	1s. MOTHER'S MAIDEN	NAME First DM	iddle Lost
ar, and	16a. Y	WAS-DECEASED EVER IN U.S. ARMEI es, no, or unknown) (If yes give wor	D FORCES? 16b. SOCIAL SECURITY Nor dates of service)	O. 17 MYFORMANT	malba 9 KA	dress Land
remove		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
e Le	15	PART I. DEATH WAS CAUSED I	CAUSE (a) Garanel	sa) Even	metos:s	One Mot
shauld be filed with the State Dept. af Health priar to burial, crematian, ar re $ imes$		1991	DUE TO, OR AS A CONSEQUENCE OF	8	1 ^ 0	-// 04
nati		Canditians, if any, which gave	(b) Anondos	tin Methos	the trun	~ 4 Mo.
стег		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	0.2	- 0	
, loi			(c) / remo	y undelle	· (jame	
2	N	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?		IDINGS CONSIDERED IN CERTIFYING
_ ^	RTIFI			YES	NO [
X				21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or	Part 2, Item 18.)
	MEDICAL	(If either, natify medical examine	r) P.M. 19		50.4	
	2	While Nat while at wark				
	15	22a. I certify that (I) (this	haspital) attended the decease	d from 1-13	, 19 GY , to 8 - 5	, 19 <u>68</u> , that (I) (we) las
		causes stated above.	(I) (we) (did) (did nat) view the b	oady after death.	or) apinian aearn accurred an	ine date and naur and fram the
		22b. SIGNATURE			MID CTAFF	22c. DATE SIGNED
3		t. Lyank	heller. MI	DEGREE PHYS.	DIRECTOR PHYS.	8/6/68
shauld be tiled with the State Dept. at		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
aulc	23a.	BURIAL, CREMATION, 23b. DA	TE 239 NAME OF C	EMETERT-OR CREMATORY	23d LOCATION (City or Tov	vn) /(Sounty)) 7(State)
S	12	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10995 CERTIFICATE OF DEATH Richard Middle Richard SMOTHERS August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Richard Negro Shift of BIRTH August Month Sy, 1988 Richard Anne Arundel County Month				
15 (4)	24.	FUNERAL DIRECTOR	Page of ADDRESS	10 MM 250.	RELIDEN SEGISTRA 1968 256. AG	Man de Cath Man de Cath
v. Deep		Wellemis	elest WVVII	U IIIC DATE	9	<i>D</i> 1

CHARLES WITH ST HIM Z IN IN COUNTY 1 2 7 8 2 9 3 COUNTY OF CHANGE OF 1.5050% Santa in For 10 14, 1905 mall 82 Pane of Calanta and Luite solinu bris (grant) . sea foremed learning bring zilo.,ami, T BUR

FOR STATE	10983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	996
HEALTH DEPT	1. DECEASED NAME . First / Middle A CLAST 20. DATE KNOWN Manth Day	Yeor 2b. HOUR
is o a second	(Type or Print)	(819 LIPA
deloy is and 3 to M3. Page	3. SEX 4. RACE S. DATE OF BIRTH; 6. AGE (in wors I F UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
y dela	M W 3/7/5-4 lost birthsby) MAONTHS DAYS HOURS MIN Month 8 Day // Y.	ear 19 68 6PM
0	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7. COUNTY OF DEATH	10
State C	country) USA WIDOWED DIVORCED Conne Wund	eli M
death be Pages 1, with form he State De	10 CITY OR TOWN OF SPATH 11. NAME OF HOSPITAL OR INSTITUTION (19 not in hospital during most of working life eyen if retired.) 12b. USUAL OCCUPATION (Kind of work done during most of working life eyen if retired.) 11b. NAME OF HOSPITAL OR INSTITUTION (19 not in hospital during most of working life eyen if retired.)	(IND OF BUSINESS OR
# 5 5 £ £	13a. USUAL RESIDENCE (Where deceased lived, if instruction: Registence before 13c. ALTY DO YOUNG 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Dauce
42 × 6 of de de de	That Impersional Shores is not reconcerned	1100
24 hours in Item 1 r's Office ss lond 2 rs after o	14. FATHER'S NAME / First / Middle Stapf Is. MOTHER'S MAIDEN NAME First Middle Gris	ffith
vithin pencil amine e poge '2 hou	16a. WAS DECEMBED EVER IN U.S. ARMED FORCES? (Yes, ng. Yeynknown) (If yes ques war of does of service) 16b. SOCIAL SECORITY NO. Visar les W. Stapf ADDRESS 13e	
ecuted ving in gedical Exermit. Fill within 7	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" in ef Medical E sit permit. I vent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cocidental drowning	ninutes
be exemple in the control of the con	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	
d be d be Chief	rise to immediate couse (o), (b)	
should be en word "per or the Chief" burial-transit	stoting the underlying couse DUE 10, OR ANA CONSEQUENCE OF	
ertificate should writing the word worded to the Cl sed os o burial-tr	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
fico fing rded os	9298	
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.	20. AUTOPSY?
of pe	TAG TENTONIEU:	YES NO
#= = = = = = = = = = = = = = = = = = =	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18: PAME OF INJURY OCCURRED 21b. PLACE OF INJURY OCCURRED 21b. PLACE OF INJURY OCCURRED 21b. PLACE OF INJURY OCCURRED 21c. PLACE OF INJURY OCCURR	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, freet, 121f. LOCATION Street ar R.F.D. No. (ity or Town Cau while Not while and officer building, etc.)	inty State
L EXAMINER: ecute the cert Page 4 should or your files. R: Page 3 should iol, cremation	AT WORK I AT WORK I IN LUCTTET MAN HIS MERES STORES. (Magroti. 1.	n 6
1 5 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		and in my apiniar
please e please e I director retained DIRECT	death resulted fragt: Natural lauses Accident N. Suicide ., Homicide ., Undetermined manner	
ITY DIEGSE erol directions and prior to be	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE 22b. DATE SIGNATURE	0/,
ury, ary, nero be be pr	SIGNATURE EXAMINER'S SIGNATURE EXAMINER'S SIGNATURE EXAMINER'S SIGNATURE EXAMINER'S SIGNATURE SIGNATU	168
o DEPUTY SICAL EXAM necessary, please execute the funerol director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, cren	NAME (Type) (Names / Wirth / Will address (Street, city, town, or county) Lothical	7
01 HH 20 HH	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETER OR CREMATORY 23d (OCUTION (City or Town) (Count BREMOVAL (Specify) 2-14-1968 St. 12ry S FINDER POLIS	(Stafe)
VR A15ME (5)	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	
10M REV. 1/68	John M Laylor tooms Amagoles, Mrs. DATE AUG 14 1968 golland	es judge

MARYLAND STATE DEPARTMENT OF HEALTH

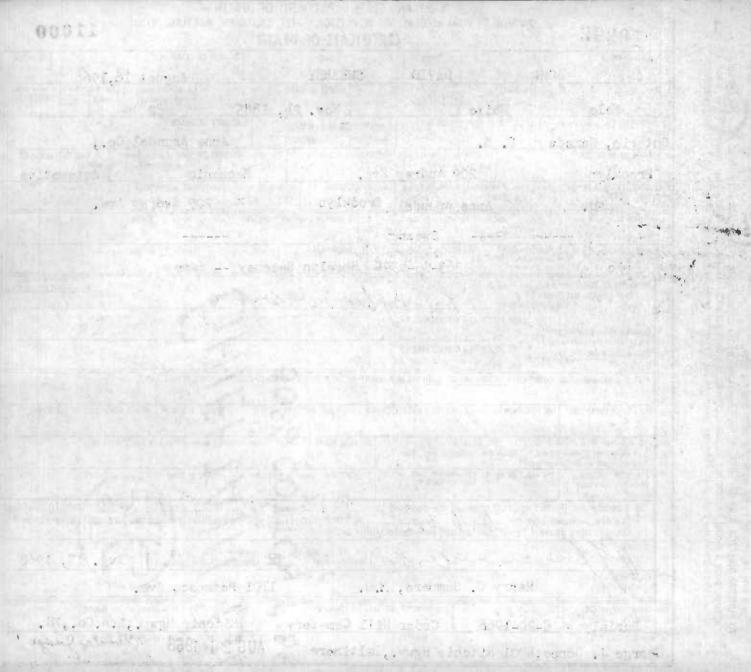


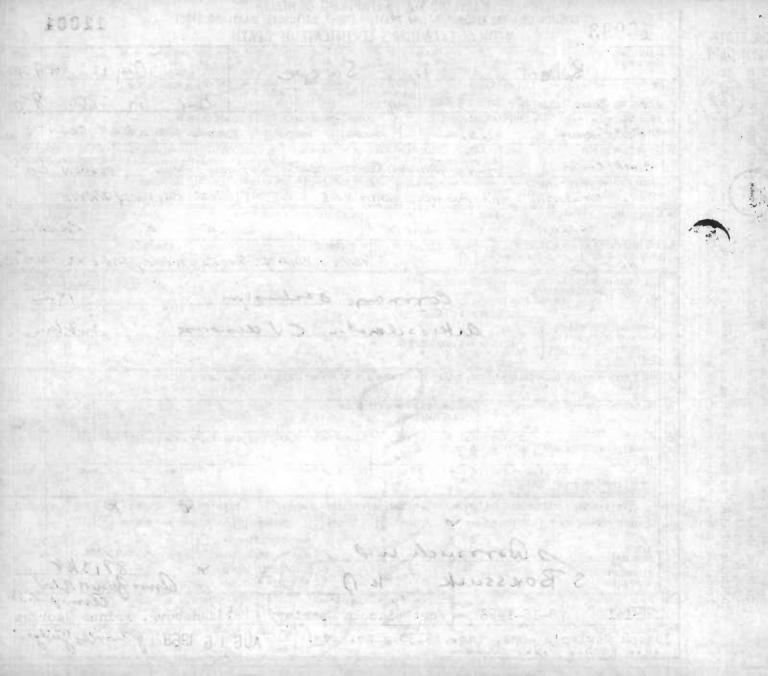
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10989 10997 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Manth Otto H. Steffen 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF LINDER 24 HRS last birthday) DAYS HOURS 10-19-87 male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED country) USA Germany WIDOWED | DIVORCED [within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address). North Arundel Hosp. during most of working life, even if retired.) INDUSTRY remove carbon Glen Burnie physician and campletely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER The law requires that the death certificate be executed Annapolis Rd. 13b COUNTY YES [NO T Glen Burn 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes na, ar unknawn) 215-10-0608 Fannie V. Steffen, same as: 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSCIUENCE OF Conditions, if any, which gave) rise to immediate cause (a). þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? far use as CAUSES OF DEATH? YES | NO -21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) ottended the deceased from 8/5/__19 £X, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive on____ be retained couses stated abave. (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 9-3-68 Glen Haven Memorial Park Glen Burnie, A.A. 24. FUNERAL DIRECTOR The Kirkley Funeral Home, 421 Crain Hwy., S.E. 30M REV.

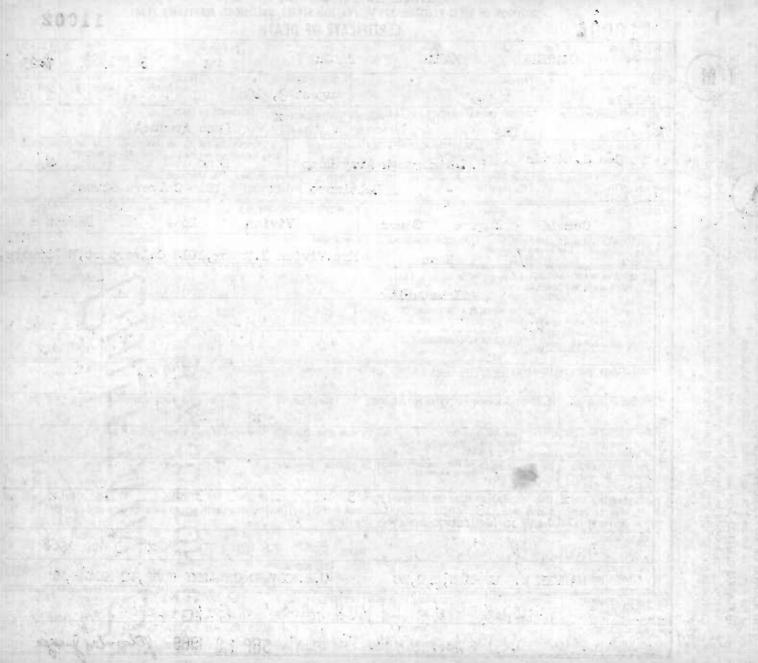
RECO. TO THE PROPERTY OF THE PARTY OF THE PA		neon.	
ne ista i salem			
Lague Haupe L			
A Distance south to the Xee 2	40 内面的 255		
Wordhalf The Stover	Cossest Silvi	A STATE OF THE STA	
at + savet 4 at		State of the state	
EL TABLE CONTRACTOR DE LA CONTRACTOR DE	er (d. 2m), delhel e inome de lineare		
		ele dia Bost (las	
and the state of t	100 400 200		
. English of Marketing and Arthur and Marketing of the Arthur and			
Care Company (A. C.)			
to burney a votton, man his a line of	9		
Charles and the second		BANKS STATE	ĵĐ.
Contract A Bott 2 Louis and a	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T		

MARYLAND STATE DEPARTMENT OF HEALTH 10991 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10999 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR death (Type or print) directar, page 3 shauld be detached far use as the būrial-transit permit. Then please remave carban papers. Pages T should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after 3. SEX RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lan-birthday) MONTHS DAYS HOURS YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9/ COUNTY OF DEATH country) WIDOWED DIVORCED [filled Md. IQE CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR street oddress) POUSTRY POUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES X 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME Middle and requires that the death certificate be TROMEYER physician 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' Address Yes (a or upknawn) attending phys APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per the far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if ony, which gave) rise to immediate couse (o), A CONSEQUENCE OF þ DUE TO, OR stoting the underlying cause signed b last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19g. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County Not while at work 220. Terrify that (1) (this haspital) etteded the deceased from saw the deceased alive an that 1968, and that in (my) (our) opinian death accurred an the date and haur and fram the saw the deceased alive an. 3 shauld causes stated abave, (1) (ave) (did) (did not) view the bady after death. 22b. **ATTENDING** STAFF DEGREE PHYS DIRECTOR FORES 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION 23b. DATE SEMETERY OR CREMATORY (State) 30M REV. 1/68

THE PARTY OF THE P E0001. Bu Va 5 - Required to a warring to THE VEHICLE ROBERTS ris most The state of the s Estate de la company de la com The street of the contract of Althoritation of the section

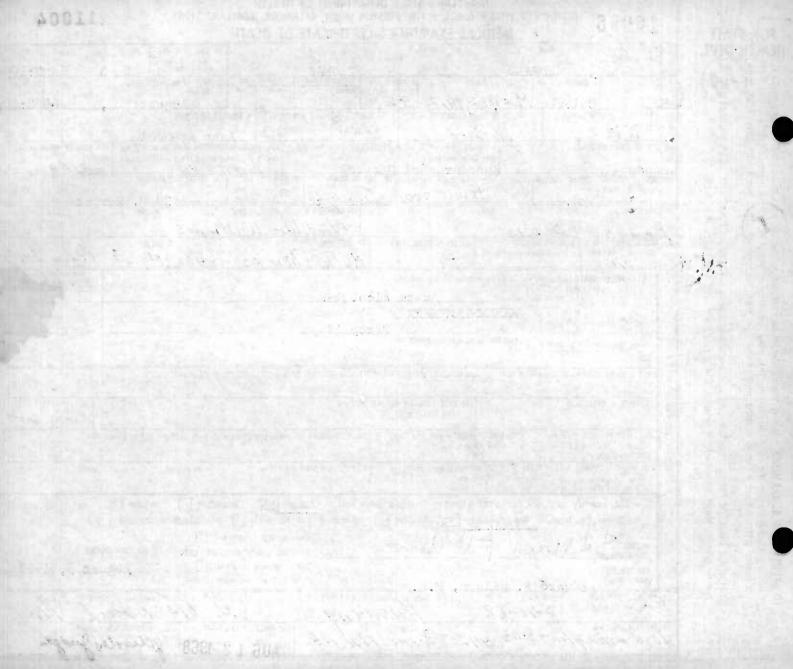






			A CONTRACTOR
լույս է դ ույս			
	10 5000 1006	ed in	
Labreta gore			2864/281
provide the same		We diptalate tox	Anties made
TIPS DELETED WATER	Te x strike n	tien in inclusion is	one Lyman
	Annie	TRAVE	ectur
elone mili, solici Col-	such in herbits	Call- Sect.	
		4-9	
	23		
	ASSE		
	and the second		
		2000	re-state and the
mendi elle, elle illeria	17	อสานในว่า	mgg . Legal
		of Tecusality 18	Care Transport
April 1 March 1981	Valla	TOTAL TEXT (TOTAL)	na man muga sang

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1100/
FOR STATE	10995 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11004
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20 DATE KNOWN CT Month I	yeor 2b. HOUR
r delay is and 3 to M3. Page	(Type or Print) EDWARD THOMAS DEATH MATED 8 3	
P 3 3 5	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2r DATE PRONOSINGED DEAD	3 68 2:104 2d. HOUR
on de PM3.	Male Colored May 12, 1912 See YRS. HOURS MIN. Month Day	Year
2, 2, Pp	70. BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COLINTRY? IS MARRIED TO NEVER MARRIED TO OCCUPANTY OF DEATH	19 68 2:14
ooth Ony	Country) TO C MIDOMED C DIVORCED C	M
oge oge th f	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done 12a. USUAL OCCUPATION (Kin	2b. KIND OF BUSINESS OR
after deoth S. Give Poges allong with for with the State	Annapolis give street address) during most of working life, even if retired.) Annapolis Anne Arundel General	IDUSTRY
fter Giv ong ong th t	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	40/0
s after 18. Gi e along 2 with death.	admission) STATE Nd. 136. COUNTY PRINCE GEO. Sedar Hate YES NO X 6420 H. St.	
hip 24 hours after de noils if the 18. Give Printe Soffice along with pages 1 and 2 with the hours ofter death.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN, NAME First Middle	Last
s 1 s 1 s 0 s s 0	FRANK Thomas Matilda Williams	
hin 24 ning 24 poges hours	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wor ar dates at service) (If yes give w	11
within pend Examir File po	No Ruth I homas 6420 H st	(edion Hat
d be executed with d'pending" in peni Chief Medical Exami transit permit. File po y event within 72 h	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ii Medicat permit. it withir	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute alcoholism	
be exerthief Mend hief Me	57/0 NXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
l be d "p Thiel rans	Canditians, if any, which gave rise to immediate cause (a), (b) Fatty liver	
shauld be e ne word "per o the Chief I buriol-transit	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e shauld the word to the Cl a buriol-tr	ast.	
This certificate shauld be executed cate, writing the word "pending" in be farwarded to the Chief Medical E be used os a buriol-transit permit. F ir removal, ond in ony event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certificate, writing farward of the used of the removal,	5 6 / / 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	los auranous
certii karwai farwai used emova	WAS PERFORMED?	20. AUTOPSY?
This icate, be fa	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES X NO
*=		18.)
INER: e certif should files. 3 should ation,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the certifuge 4 should your files. Page 3 should tremation, 1, cremation,	WHILE NOT WHILE factory, office building, etc.)	coomy side
L EXA ecute Page or you R: Pag	220. I certify that I took charge of the remains described above, held an Autopsy XX Inspection , Inquiry ,	ond in my opinion
ICAL exercion. Ped fo CTOR buria	degth resulted from: Natural courses XX Accident , Suicide , Homicide , Undetermined monner	
please explease or to bur	CHIEF MEDICAL EXAMINER	
plo do do rior rior	ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER XX 22b. DATE SIGNATURE	INED
EPUTY SSSATY, F funerol ay be r INERAL lith price	m.u.	st 5, 1968
O DEPUTY necessary, the funero S may be D FUNERA Heolth pr	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	100 0, 1000
necessary, please execute the the funerol director. Page 4 sl 5 may be retoined for your fit TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crema	230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	aunty) (State)
	8-10-68 HARMONY HIGHMAN PAR	
VR A15ME (5) A	24. FUNERAL DIRECTOR Son 5 4925 Jenne Aut NE 250. REC'D BY REGISTRAR SIG	
10M REV. 1/68	43. W Ashington Son's 4925 Jenne Het NE DATAUG 12 1968 yollarle	a free of
12,		



1	1 tems 18-22a Film 405 MARYLAND STATE DEPARTMENT OF HEALTH 9-26-68 amsDivision OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1005
FOR STATE	10997 THEMS MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First , Middle Lost 2a. DATE KNOWNET Month De	y Year 2b. HOUR
is of of	(Type or Print) OF ESTI- DEATH MATED 8 2	O 1968 A
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	Zd HOUR
ny delay 2, and 3 PM3: Pa	MALE NEGRO 2-6-53 last birthday) ANONTHS DAYS HOURS MIN August Day 22	year 1968 10 A.N
E 2, 0	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF YOHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	(auntry) Maryland U.S. Q. WIDOWED DIVORCED ANNE ARUNDEL	M
after deoth. 8. Give Page along with the centh.	The street address () and the street address () and the street address () () ()	b. KIND OF BUSINESS OR DUSTRY
g vy	Annapolisy Reese Funeral Home Policol Sou	703167
s after alone alone with death	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY A considerable of the County of	
	Md. Anne Arundel Annapolis Ma Mol 518 Sixth Sti	
24 hours after death in Item 18. Give Pager's Office along with the ss land 2 with the crs after death.	14_EATHER'S NAME First Middle Lost IS_MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 12 NFORMANT ADDRESS	
	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, naron pricing) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17 WHORMANT 17 WHORMANT	
File	corpie C. activa	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
din din hedi	10 IMMEDIATE CAUSE (a) Drowning DUE TO, OR AS A CONSEQUENCE OF	
ef A ef A sit	Conditions, if any, which gave	
vord vord are Chine Chine Chine Chine Chine al-train	rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
0 >	lost.	
is certificate sh te, writing the forwarded to t te used as a bur remaval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fico ing rdec os os	9298	
is certificate to, writing the forwarded to the used as a remayal, and	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Rart 2, Item	20. AUTOPSY?
this cate, be for	WAS PERFORMED?	YES 🔀 NO 🗌
## # = 0		1B.}
EXAMINER: Tute the certific oge 4 shauld boge 4 shauld bry your files. Page 3 should I, cremation, or	CAUSE OF DEATH P.M. 0-20 19 00 accidentally drowned	
	fortery office building etc.)	County State
L EXA ecute Poge or yau or yau ial, cre		A. Md.
S S S S S S S S S S S S S S S S S S S	220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry ,	ond in my opinior
pleose e I director retoined	death resulted from: Natural causes 🗌 , Arcident 🖾 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
pleose director retoine DIRECTOR OF TO BE	ACTUAL CHIEF MEDICAL EXAMINER CONTROL STATE SEC.	MED
ry, ple eral di be reti RAL D	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (X) 220. DATE SIG	
DEPUTY SICAL EXAM cessory, pleose execute the e funeral director. Poge 4 may be retoined for your FUNERAL DIRECTOR: Page solth prior to burial, crem	EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER August ADDRESS(Street, city, town, or county)	22, 1968
ro DEPUTY SICA necessory, pleose e the funeral director 5 may be retoined for EUNERAL DIRECT Heelth prior to bu	230 ANRIAL CREMATION 236 DATE 1036 NAME OF CEMERRY OR CREMATORY 230 LOCATION (City of Town) (Co	ounty) (State)
	(BEMOVAL (Specify) & 8/24/18 Time Jun Mem Ho Changebolis (1)	o ml
1 has	24. HUNERAL PIRPOTOR ADDRESS 250. REC'D BY REGISTRAR 125b. REGISTRAR'S SIG	NATURE
VR A15ME (5)	DATE AUG 2 9 1968 youand	es juage

								440	
1		10000	DIVISION OF VITA	L RECORDS, 30	W. PRESTON STREET,	BALTIMORE, MAR	YLAND 21201	1100	06
4		10339		CEF	RTIFICATE OF DEA	TH		1.	
(Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 7. BIRTHPIACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH 11. NAME PHOSPITEL OR INSTITUTION (If not in hyspital country) 10. CITY OR TOWN OF DEATH 11. NAME PHOSPITEL OR INSTITUTION (If not in hyspital country) 10. CITY OR TOWN OF DEATH 11. NAME PHOSPITEL OR INSTITUTION (If not in hyspital country) 10. CITY OR TOWN OF DEATH 11. NAME PHOSPITEL OR INSTITUTION (If not in hyspital country) 10. CITY OR TOWN OF DEATH 11. NAME PHOSPITEL OR INSTITUTION (If not in hyspital country) 11. A FATHER'S NAME 12. CITY OR TOWN 13. COUNTY 14. FATHER'S NAME 15. CITY OR TOWN 15. LINGUIST CHUS COUNTY 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. CAUSE OF DEATH (Enter only one cause per Me for (a), (b), and (e)) 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per Me for (a), (b), and (e)) 18. CAUSE OF DEATH (Enter only one cause per Me for (a), (b), and (e)) 19. DATE OF OPERATION (BS. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION (BS. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY 21. HOW INJURY OCCURRED 22. Tertify thot (I) this hospital) automated the deceased diven. 22. PART 2. CITY CHUS WAS UNDERLYING 22. Lertify thot (I) this hospital) automated the deceased diven. 22. PARTS (CITY TO COURRED) 22. Lertify thot (I) this hospital) automated the deceased from 12. P. O.	2a. DATE OF	DEATH GO	10	2b. HQUR					
eot de co	(ype ar print)	7000	2	libb Elfs	0	Manth Day	60 Year	8/50M
	3. SI	X	4. RACE	7	DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR IF	UNDER 24 HRS.
5 65		malo_	11/			002	last_hirthday)	MONTHS DAYS H	IOURS MIN.
No N	70	IPTHPIACE (State or foreign	75 CITIZEN OF WHAT CO	HINTEY2 8					
F. S.	caul	try) 11 V	75. CHIZEN OF WHAT			1 1/	- 11-	1	
ed ope	10 (TV OR TOWN OF DEATH	11 NAME OF					DEL	Md.
量量 99	10.	IT OR TOWN OF DEATH	give streyt	portinat ok institu	1 du	ring-most of working	life, even if retired.)	INDUSTRY /	SINESS OK
wit wit with with with with with with wi	H	NUAPOLIS	H.1	1. JEWEI	EHL (DOH)	EDUCATI	DN	KRIVATE	SC HOOL
ted ple	adm	usual Keyidence (where deced		1.1	A	1 2 3		70 D	
carr		112.	HIL		OHY JOHN	- 4 101		18 0	
ex em and and and	14.	ATHER'S NAME 5 First	Middle	Last	S. MOTHER'S MAIDEN I	NAME First	Middle		Lost
n a Se r			11	PPETTS	54	HERINE		RE	
icia lea an	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	OCFAL SECURITY NO.	17. INFORMANT	p To			
tiffic shys		YES	UWI		MARGARET	J. /IPPE	tts #1		
The The		18. CAUSE OF DEATH (Enter of	nly one cause per me far	(a), (b), and (a).)		11/2			
oth official indicates and ind		PART I. DEATH WAS CAUS	ED BY: LATE CALISE (a) MSZ	autar	eous dear	Ha Pa	ndiae	with	ites
atte		2509	n	ONSEQUENCE OF		/		,	100
the of the ation) HC	000)_			Mary	Thus
hat n. y tl ans em				ONSEQUENCE OF	1. 0.	11		100	7
d b tr			1000	abole	es nell	itus		May	10als
hys gne uria uria		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVE	IN PART 1(o)	01	
n si p		1/2,1000	D. Dona	many	Sand the	15	/	400	ous
din	NOIT	190. DATE OF OPERATION 199	CONDITION FOR WHICH OF	PERATION WAS PERFOR	MED DO AUTOPSYZ	- P - (C - C -	YES WERE FINDINGS C	ONSIDERED IN CERT	TEYING
tter das as	FICA	V				CATE OF DEATH Light State Death Death Doy Steer State Death Death			
te h	CERT	210. ACCIDENT WAS UNDERLY	NG 1216 TIME OF INIII	RY		(Enter nature of injur	v in Port 1 or Port 2	Item 181	
fical of the He		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Mo		TIC. HOW MISORY OCCURRED	(ciner natore or injur	y 111 Turi 01 Tori 2,	110.11	
SSIC Ispili ertii ed bed I. af	MEDI	(If either, natify medical exam			V DIA LOCATION Character D	FD No. City	an Taura	Causa	State
ho h		While Not while	OFFICE	BUILDING, ETC.	211. LOCATION STREET OF K.	r.D. No. City	or rawn	County	Sidie
de the Det	13		1: 1 2: 0 11 16	1.0 - 1 14	12/2/2	10 40	11000 00 10	41-4 /	N / N / .
be Sta	1	certify that (1) (1	alivo an	the deceosed	and that in Law Vo			to one bour or	(we) last
R: Red	1	duses stated abay	re. (H) (we) (dig) (did	et) view the bod	v after death.	or) opinion deprin	iccorred on the de	ne one moor or	
ATI Pater in the state of the s		22b. SIGNATURE	1			/	220.	DATE SIGNED	10
E 33		180×11-16	Molei	2	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	12/0/6	00
		22d. PHYSICIAN'S		25.5	22e. ADDRESS		. 1		
PIT, mc	L.	NAME (Type) Pete	r S. Verkeu	v, M.D.	1407 Fe	rest Drive	, Annapoli	ls, Md.	
UN Gent	23a.	BURIAL, CREMATION, 23b	DATE	23c. NAME OF CEM	TERY OR CREMATORY	23d, LOCATIO	N (City or Town)	(Coupty)	(Stote)
O B O B S	CF	SEMOVAL (Shecity)	-29-68	Ft. LING	eolus	Rhant	NSPURC	4.6- M	D-
- IN	24,	FUNERAL DIRECTOR	111	ADDRESS	250.	REC'D BY REGISTRAR	2Sb. REGITTRAR'S	SIGNATURE	
VR A15 4 30M REV. 1/68	A	me M. Hay)	tospores / le	wepals.	Mao DATE	SEP 3	1300 XCC	arles you	yes .
	4	//							4

7032 Like in a relief to the first indice of (900) to a west 1/4 to 1/ The second section of the property of the second section of the section Martin Jackseller Buller The things of the second of th The manner of tentents will be a fall of the contract of the c

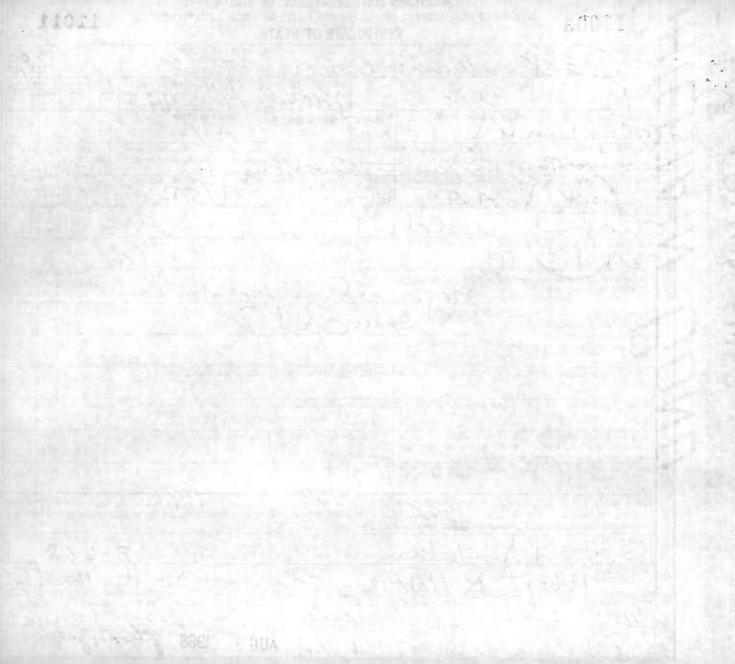
TOOLL HE WANT	12/1/10 +0-31			9,200	
April 14, 1568	ace a l			7.5	
	directly, 11	•		Page planet	
Linear our			• • •	oin.	
and all man Sall Sandyale	n . Jalai			grafi m North	
committee of the transfer	-1.		A sort	i without the	1
	that y		02.2473		
Annual Amult 32% to	nan . A freit.	p= 3.08220	-16;	0	4
	ALL ALL				
100 AND 100 AN					
. of .o. must voice		ego inversion	120 40	8 182 mm	
		.57 00103	237 Int	TOTAL PROOF TO	

MARYLAND STATE DEPARTMENT OF HEALTH

#10-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				21	
01 20 92 402			cuentria 1	DAILY CITY	
	To the state of th				
	dybunga same				
	And Brought Line	Contract Contract Contract			
	A CHIEF AS THE PARTY OF THE PAR	91.00	Carrier toon.	Acted breathers	
		· * *	Carrie Carrie		
	TO STATE OF THE PARTY OF				
				Section of the sectio	
v - 1			A STATE OF THE PARTY OF		
SA THE AS		A District D			
* .:) e	the complete the				
			To be the second		
The state of					

WIGHT PORCH TO A PROPERTY OF THE SAME OF THE SAM 3 W M A STANDARD POLICE TO STANDARD ASSESSMENT OF THE POLICE OF the state to be an atomic to the second of t Fine E 350/1968 Con Low Concerny Solting Shaple for Francish dome follow the consister the state of the

		1	MAKTLAND STATE DEPARTMENT OF HEALTH
1-			11003 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11011
0			CERTIFICATE OF DEATH
	. 2 .	1 0	ECEASED-NAME Figst Middle Lost 20. DATE OF DEATH 2b. HOUR.
	death and 2 death		Type or printy A Took Day Year
-	de ar de		Medical Ministra actions, 1000.
		3. S	S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH G. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1	E # 6		Mosel 29 1 Tost of 170 Tost of
	haurs hoof	7a.	BIRTHPLACE (State of fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
		cau	Select hoss us widowed DIVORCED A-A-Md.
	filled in paper thin 72	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	with bank of	8	exercised orderes give street address) — Care during most of working life even if retired.) INDUSTRY
		130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before listin) STATE 13b. COUNTY 13d. INSIDE CITY OR TOWN 13d. INSIDE CITY OR TOWN 13d. INSIDE CITY OF TOWN 13d. INSIDE CITY OR TOWN 13d. INSIDE CITY OF TOWN 15ST 13d. INSIDE CITY OF TOWN 15ST 15D. COUNTY 13d. INSIDE CITY OF TOWN 15ST 15D. COUNTY 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15D. CITY OR TOWN 15ST 15D. CITY OR TOWN 15D. CITY OR TOW
	ampl ampl ve c	doll	ission) STATE 13b. COUNTY A. SEVERNAC YES NOW 15 Perer Drive.
	d c d	14.	FATHER'S NAME First, Middle Last Is. MOTHER'S MAIDEN NAME, first Middle Last
150	certificate be executed g physician and camplet Then please remave carmaval, and in any event	1	Thores Welch Riff Savage
	rian eas and	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 NFORMANT O Address?
		1	(es, no, or unknown) (If yes give wor or doles trans)
	that the death certific an. by the attending phys transit permit. Then p crematian, or remaval,		APPROXIMATE INTERVAL
	attending permit. The		18. CAUSE OF DEATH (Enter only offer cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	attend permit. ian, or r		IMMEDIATE CAUSE (a) While to the of his received
	aff per ian,		4/0 9 DUE TO, OR AS A CONSTOURNCE PER P
1 190	the the sit purity matric		Canditians, if any, which gave rise ta immediate cause (a), (b)
-	that the death an. by the attendin ransit permit. crematian, or rec	1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	the law requires that the attending physician. has been signed by the se as the burial-transit if h priar ta burial, crematif		lost. (c)
	law requires nding physici been signed s the burial- iar ta burial,	-13	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	a b	-	420/
	law re nding been s the iar ta	E .	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
200	The law re ar attending the has been to use as the balth priar tab	CERTIFICATION	YES NO CAUSES OF DEATH?
		ERT	
	YSICIAN: lospital ar certificate thed far u ot. af Heali	SE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
-	at a series of the series of t	MEDIC	(If either, natify medical examiner) P.M. 19
	the hospital ar the hospital ar this certificate detached far te Dept. af Heal	S	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. Na. City at Tawn Caunty State
	the hardered detacles to Dep		at wark at wark
	After After J be a		22a. I certify that (I) (this hospital) attended the deseased from
	TENDING ined by th OR: After t auld be d the State		saw the deceased alive on
	F = 0 = +		
	OR ATTEN be retained DIRECTOR: ge 3 shauld led with the		ATTENDING TO MED. TO STAFE STAFE TO STAFE TO STAFE TO STAFE STAFE TO STAFE STAFE TO STAFE
		132	DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22e. ADDRESS
	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Heal		NAME (Type) Robert R. HAHU) Severuse Ook me.
	old ctal	230	BURNAL, CREMATION. / 23b. DATE / 28c. NAME OF CEMETERY OR CREMATORY / 23d. LOCATION (City or Town) (Sought) (State)
	dire dire	230	REMOVAL (Specify) C19/68 Management of Com. De Boson
	5-5	55	ANDERS OF DECISION OF DECISION OF THE PROPERTY
	VR A15 (4) 30M REV, 1/68	1	the L. Langue Severne (But and DATE AUG 9 1968)
		11	THE X XI X WHENCE SEVENCE WITH DAILING



DATA SPEC TO STATE TO MAKE THE TANKER BOOKER 1970 . 30 . 20 . 20 . 9000 Large agreed the to the sound could follow a specific the internal ADMING CHARGE . et a , rovel trans Charles with the west and all see and the mitastite fundamente la technique Cometagnic Law - tomor Charles to White me and a second to the Charles In Street, S. D. Lot Land, M. 20 8 40 in the second residual property of the second of the second secon agent where SAV higher is the Army who extremely the side of them.

	- 4		4460~				EPAKIMENI UF HE				
2/			11005	DIVISION OF VI	TAL RECORDS,	301 W. PRE	STON STREET, BALTIN	MORE, MARYL	AND 21201	1101	3
,						ERTIFICA	TE OF DEATH				
. 2 .	_ }	1 DE	CEASED-NAME First		Middle		Lost	20. DATE OF DEA	ATH .		2b. HOUR
death.			(ne or print)	11		2470 4 4	/ /	20. 0412 01 00	Mapth Day	Yend	
p pop		0.00			IMN	Whit			0 25	68	7:55PM
第 / 沙口車		3. SE		4. RACE	2/	S.	DATE OF BIRTH	6.	AGE (In years	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS.
3.4335			121.		N		1/16/8	3	ost bighday) YRS.	IONIA)	MIN.
DO 49	-	7o. 8	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED 9	COUNTY OF DE	ATH		
24 hours do in branchers. Propers.		coun	Md Md	U.S.	A .	WIDOWED		Anne Ar	Laberre		Md.
page in	00	10. C	TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INS	TITUTION (If not	in hospital 12a, USUAL	OCCUPATION (Kin	nd of work done	12b. KIND OF	BUSINESS OR
within within	19	D.	wns Woods	give stree	oddress)		during mos	of working life,	, even if retired.)	INDUSTRY	91.M
\ 31 . 4 a a a a a a a a a a a a a a a a a a		13o.	USUAL RESIDENCE (Where deceose	ed lived if institution	Residence before	18 A.	OWN 13d. INSIDE CITY LIMI		AND NUMBER	外於	26.96
ve p	02	odmi	ision) STATE	13b. COUNTY	A Delote		VEC NO.		414 Sev		D1- 1/1-2
can can nove	- 1	10.5	Md .	A	A. Co	Seven	13 16			al.us	Pk, Md
e e e		14. h	ATHER'S NAME First	Middle	Lost	15. A	MOTHER'S MAIDEN NAME Firs		Middle		Lost
be on din			Arthur	NMN	White		Ann:	ie	NMN J	ohnse	n
an an an			WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b	o. SOCIAL SECURITY N	O. 17. INF	ORMANT		Address		
hys n p		N	ss, no, or onknown)	ar or dures or service;	Unknown	Ca	rrie E. Joh	onson F	t 5 Ann	anali	s Md
s that the death cer cian. I by the attending p -tronsit permit. The cremation, or remo			18. CAUSE OF DEATH (Enter onl				/	1		APPROXI	MATE INTERVAL DISET AND DEATH
t di i	100		PART I DEATH WAS CALISED	RY.)	herry	-0. O Lul	andra	4	Mari	NSET AND DEATH
dec rmi rmi			// IA O IMMEDIA	TE CAUSE (o)	Jes VI	0	and of	4		pour	ulyu
tion be did			Conditions, if ony, which gove)	DUE 10, OR AS A	CONSEQUENCE OF						
t te			rise to immediate couse (o),	(b)							
th by by cre			stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF						
res sici sici- iol-			lost.	(c)							
phy phy sign bur			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OR CO	NDITION GIVEN IN	PART 1(o)		
ng en to to		Z	4201								
low be be		ATIO	190. DATE OF OPERATION 19b.	ONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY?		, WERE FINDINGS CO	NSIDERED IN C	ERTIFYING
he atte	X	CERTIFICATION					YES NO	CAUSES OF	DEATH?		
or or us		CER	210. ACCIDENT WAS UNDERLYIN	3 21b. TIME OF INJ	IURY	21c. HOW	INJURY OCCURRED (Enter r	noture of injury in	Port 1 or Port 2. It	em 18.)	
fice He		3	OR CONTRIBUTING CAUSE OF OEAT	HOUR A.M. N	Nonth Doy Yeor						
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and cample is 3 should be detached for use as the buriol-transit permit. Then please remove can be with the State Dept. of Health prior to buriol, cremation, or removal, and in any event		MEDICAL	(If either, notify medical examing 21d. INJURY OCCURRED 21e.	er) P.M. PLACE OF INJURY (AT I	HOME CARM STREET CAC	OPV 3 215 10C4	TION CALLA TO DED. No.	Ch		Country	Stote
hot			While Not while	OFF	ICE BUILOING, ETC.	211. LOCA	TION Street or R.F.D. No.	City or	i own	County	21016
te de			of work of work				1,00	7 6	1,5	16	
by Sto		9	22a. I certify that (I) (thi	s haspital) attend	ed the decease	d from	190	0 , ta 0/	, 19	that	(I) (we) last
he de	5.1		saw the deceased al	(I) (wa) (did) (die	t pot view the	after de	hat in (my) (aur) apini	ian death acci	irred an the dat	e and haur	and fram the
F ie o i i			22b. SIGNATURE	, (i) (we) (did) (did	indi) view ine L	Judy dilei de	uiii.		1 220 0	ATE/SIGNED /	
XEC 3 8			220. SIGNATURE CEPTE	-1010	100	- MOEGREE	ATTENDING MEI	D. ST ECTOR PI	AFF D	1/3//	1
o a a a a a a a a a a a a a a a a a a a		-	and Driverentic			DOGKE				1011	- 0
ITA moy tal po			22d. PHYSICIAN'S NAME (Type) Richs	rd N. Pee	ler		22e ADDRESS Cathe	Iral St.	Annapeli	s, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletabe miled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after											
Hou hou	1	230.	BURIAL, CREMATION, 23b. [23c. NAME OF C			23d. LOCATION (City or Town)	(County)	(Stote)
5 5 5 P	K	Bu	REMOVAL (Specify)	1-1968	Carper	ters	Hill	DENLA	Ann		Md
VR A15VA	6	24.	FUNERAL DIRECTOR		ADDRESS		2So. REC'D BY		2Sb. REGISTRAR'S S		4
30M REV.	(6B)		C.E. Hicks.	111 Anna	polis. N	ld	DATESEP	4 1968	3 ochor	Cas Jun	4

ETOTAL mornishment and the angelow of the natural states and a first state of the states of the stat r d'ir INSMESS CHA! The state of the s er att essential and a state of the state of on a store . The sale to a line a story . The course . AT . Color and A. S. of December 1. Electric December 1. and tatletonia . de Lordenias CCC . No. 18. 19. All and a large of the statement and the same case of the same o

	1	MAKTLAND STATE DEPARTMENT OF HEALTH
1		11006 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11014
		CERTIFICATE OF DEATH
death.		ECEASED-NAME First Middle Lost Lost 20. DATE OF DEATH Day Year 3.45/AM
18		GEORGIA NATI WITTE 9 15 1968 3.45 AN
	3. SI	ast birthday) MONTHS DAYS HOURS MIN.
/	70	121/12
	COU	
00	10. (
70	1	THNAPOLIS give street address) APOLIS HUTSI KULTHURGE TOUSE INDUSTRY OUSE
72		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ission) STATE MARYLAW 3b. COUNTY A. A.C. ALLY OR TOWN YES NO 221 KINCE GEORGE
1	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	1/	FRANCES O WHITE NARTHA ESTHER DUE
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. INFORMANT 18. INFORMANT 18. INFORMANT 19. INFORMANT
		10 110 110 1100
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
		HMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
		Conditions, if any/which gave)
		rise ta immediate cause (a), (D) DUE TO, OR AS A CONSEQUENCE OF
		last. (c)
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	NOI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
2	CERTIFICATION	YES \ NO \ P \ CAUSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19
	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City or Tawn Caunty State While Nat while
		at work
		22a. I certify that (I) (this haspitol) attended the deceased from 1, 19, 27, ta 37, ta 37, that (I) (we) la saw the deceased alive and haur and from the
		couses stoted obove, (f) (we) (did) (did not) view the body after deoth.
		22b. SIGNATHRE \ \ 22c. DATE:SIGNED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		COCCUPANT COLLEGE M DEGREE PHYS. DIRECTOR PHYS.
1		22d. PHYSICIAN'S ALBERTL AND ERSON-MD- 44 SOUTHGATE AUG.
	23g	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23 LOCATION (City or Town) (County) (State)
2	24	SEMOVAR (Sperify) 8-27-68 ST. ANNES HUN APOLIS A. H. MD. FLIMERAL DIRECTOR O D ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
8	24.	Fluveral Director of the Sons among of Mas Date AUG 28 1968 (Clearles Judge)
	\Box	THE THE PARTY OF T

evolution of the property of the second seco the second state of the second
MARYLAND STATE DEPARTMENT OF HEALTH 11007 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11015 First Middle Last 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR within 24 haurs after death (Type or print) LOUIS Manth ESSIG WHITE August. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS male White 3/17/1905 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED DIVORCED [WIDOWED [7] Baltimore Anne Arundel U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Anne Arundel General during most of working life, even if retired.)

Display INDUSTRY Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 300 W. Burnside YES NO T Arundel Annapolis 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First burial, cremation, or removal, and in an Helena W. Vogel William Henry White 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. ar unknawn) (If yes give wor or dates of service) Helena W. White 300 Burnside, Annapolis, Md. 215-03-8259 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Candida: BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Quemin rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. **O FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crei stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO R 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ar contributing cause of DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hespital) attended the deceased fram_______, 19_____, ta_____saw the deceased alive an______19____, and that in (my) (aur) apinian death a causes stated abave, (I) (we) (did) (did nat) view the bady after death. that (1) (we) last _____, and that in (my) (aur) apinian death accurred an the date and haur and fram the 22c. DATE SIGNED ATTENDING PHYS. MED.
DIRECTOR 26 dunut 60 DEGREE 22e. ADDRESS 1010 St.Paul St,Balto,Md. 22d. PHYSICIAN'S Dr. John D. Rosin NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Loudon Pk. Cem. Baltimore. Md. 24. FUNERAL DIRECTOR VR A15 (4) Leonard J.Ruck, Inc-Balto, Md. -14

81811 Tikirin seri. Di kanangan di kanangan kanan Bilangan kanangan ka from the state of the second s Description of the second 네 전쟁 (2017년) 전 1212년 - nd the state of t

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11016 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Lost Month Doy Yeor 2b. HOUR (Type or Print) ESTI-WITI.T.TAM WHITE 8-7-68 DEATH MATED 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR birthday) Year Male. Negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [ANNE ARUNDEL in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Dover Road during most of working life, even if retired.) INDUSTRY Glen Burnie 1 ond 2 with deoth. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE N3b. COUNTY Md. YES NO 1302 Ashland Baltimore Avenue ofter 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost poges hours pencil 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no. or unknown) be executed within APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending Hypertensive and arteriosclerotic cardiovascular IMMEDIATE CAUSE (o) disease DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a) This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy X. Inspection Inquiry ond in my opinian Suicide T death resulted from: Natural causes X Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER X the funerol Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER August 8, 1968 moy **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 0 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

The state of the s atoli and the second s Harriston Barrier and Paris For I have been been and the con-. : 1)

Territorial transport to the first transport to the second transport transport to the second transport transport to the second transport t CEPTAL CATTER

1	1	MARYLAND STATE DEPARTMENT OF HEALTH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
FOR STATE		tem#5, taken From MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1018
DEALTH DEDT		DECEASED-NAME First Middle Last 20 DATE KNOWN For Month	Doy Year 2b. HOUR
PM3. Page 15.7		(rype of Frint)	13 1968 11:0
P 334	3. 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
ny delo , 2, and n PM3. F		Male White 317012 1968 lost burthday) MONTHS OAYS HOURS MIN. Manth August 1	3 Year 19 68 11:0
22.8		BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	p
form form		Haltimore, Ma. U.S.A. WIDOWED NOVEL Anne Arundel	Md
hours after death lem 18. Give Pages 1, Office along with form land 2 with the State Deatter death.	10.	11. NAME OF HOSPITAL OR INSTITUTION (If any in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY U.S.A.
Give Sive Ship and the	13a	USUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s afte 18. Gi alone 2 with death.	(dmission) STATE Md. 13b. COUNTY Affine Arundel Hanover YES NO 7391 S. Dunr	obin St
haurs are litem 18. Office all and 2 will after dec	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h in III r's O r's O		Jimmy York 11 Shara A. L	yon
hin ncil nine		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (by yes give, wor or dodges of sarviye) (by yes give, wor or dodges of sarviye) (cs, no, or unknown) me as #23	
d with the lexar l		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
xecuted in ding in pedical E	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Interstitial pneumonitis (SDII)	BETWEEN ONSET AND DEATH
be execul "pending lief Medici linsi perm		484 X DUE TO, OR AS A CONSEQUENCE OF	
pend pend hief Muhief M		Conditions, if any, which gove rise to immediate couse (a), (b)	
shauld be ne ward "pe ta the Chief burial-transi		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she very tartification of the very tartifica		lost. (c)	
This certificate shauld be executed licate, writing the ward "pending" in be farwarded to the Chief Medical ad be used as a burial-transit permit. For ar remayal, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificities, writing be farward do be used a ar remaval,	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certi ate, writ e farwa be used	ETIFIC	WAS PERFORMED?	YES X NO
	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	em 1B.)
	MEC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
L EXAM cecute th Page 4 far yaur Nr: Page		WHILE AT WORK AT WORK TOCTORY, Office building, etc.)	
7. please executed director. Page executed director. Page executed and preserved for the prior to burial,		22a. I certify that I taak charge of the remains described above, held an Autops XX, Inspection , Inquiry	, and in my apinian
olease es directar. etained DIRECTO		death resulted fram: Natural causes [XX] Accident [], Suicide [], Hamicide [], Undetermined manner [
please direct direct retaine		ACTUAL CHIEF MEDICAL EXAMINER	
EPUTY SSSary, p funeral ay be ra JNERAL Ith prio		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE	
O DEPUTY CALL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type)	15, 1968
TO DEPUTY necessary, the funera 5 may be TO FUNERAL Health pri	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (Stote)
260		Burial Aug. 17/68 Docks Creek Cem. Keova,	W. Virginia
150000	24.	Singleton Full Home 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE Judge
VR A15ME (5) 10M REV. 1/68	1	Literaghila Elen Burnie, Maryland DATE AUG 19 1968 /Cus	100

	DELY IN THE OCCUPANT OF PRESSURE TO \$ 1.5	
# 1.01 L	DESCRIPTION OF THE PROPERTY OF	
	a - 4 - 4 4 4	
	Promite unit die la	
A Brand A Bran		
C. Elmoy Pope (Ellow) - The Company of the Company	Section Control of	
	2 a , \$. U a	
图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 ·		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11019 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR A (Type or print) 26 Doy_ Iva A. Young : 42 M burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 24 haurs after last birthday) OAYS MONTHS HOURS Female White 4-13-88 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED .⊑ Maryland U.S.A. A.A.Co. WIDOWED T DIVORCED [filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within del Hospital during most of working life, even if retired.) INDUSTRY Glen Burnie completely 13a, USUAL RESIDENCE (Where deceosed lived, if institution: Residence before add 13b. COUNTY A.A.CO. Pasadena 13d INSIDE CITY LIMITS? 105 Disney Ave. NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle ond requires that the death certificate be please attending physician sermit. Then please 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) Yes, na. ar unknawn) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta l has been use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? NO X YES director, page 3 should be detached for use should be filed with the State Dept. of Health 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Doy Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from. ta __1968, and that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive an_ causes/stated abave, (i) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b DATE 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATEAUG 30M REV. 1/68

64011					» · · · · · · · · · · · · · · · · · · ·
() + ; + () - () - () - ()	- Agra	20009			av!
		8-Ct-1			
	30.2.5			4.4.4	firm (vin)
		Jestiquoli	Labraria III		alment webs
isney ave.	503	-7. anoug	RAT .OT.A.	America	anne e de
			o miles place		
	5	The Marie			
					16.8
				V	
			11 (1 to 11 to		
	Section 1				

